

Name
in
Full

CERTIFICATE OF DEATH

Olivia Beatty

MARYLAND

Died at

Emmitsburg

Frederick

Date

of death

906 Aug. 30

Age

25

Months

Days

Sex

Female

Color or
Race

Colored

Birth
place

Emmitsburg

Occupation

House - Maid

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Louis Beatty

Father's
Birthplace

Mother's
Maiden Name

Ellen Constant

Mother's
Birthplace

Name of person giving
information

Ellen Beatty

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Syphilis

(36)

How long

Immediate

Syphilitic

evolution

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. J. Jameson

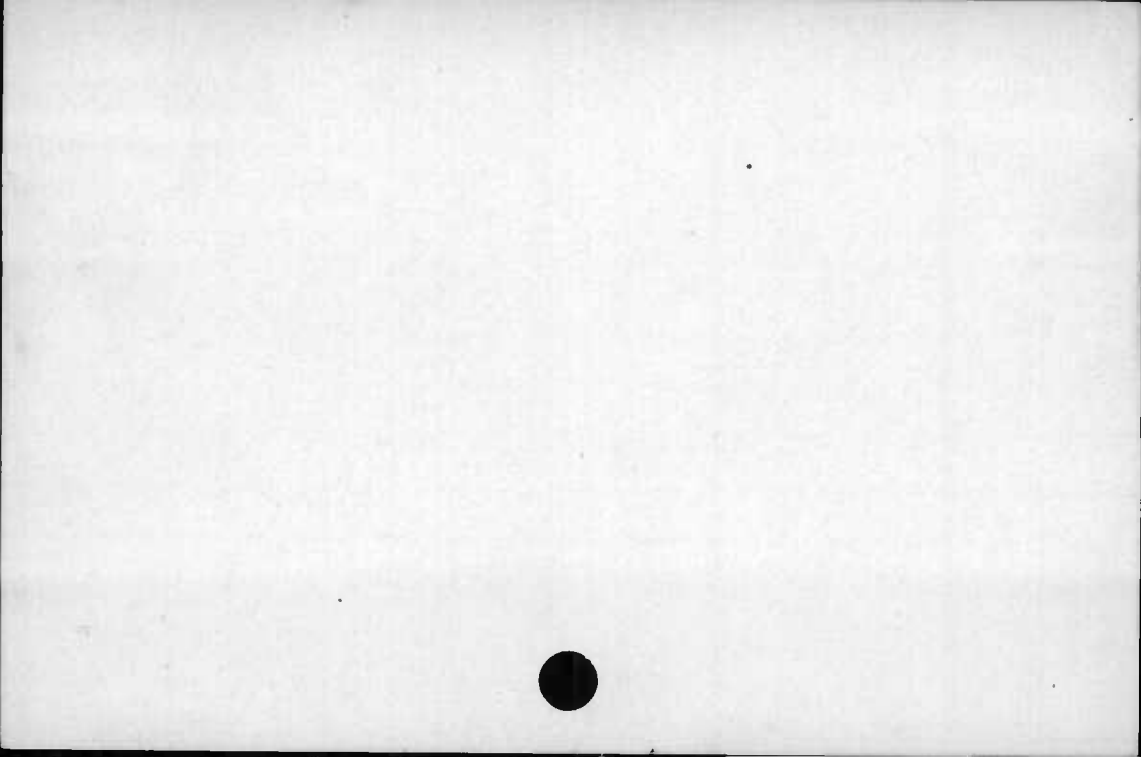
Address

Emmitsburg
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
John Bryant Whitmore Bechl		MARYLAND			
Died at ^{Town} Hoodsboro.		County ^{Frederick.}			
Date of death	1906	Month	8	Day	7
Age	—	Years	—	Months	1
Sex	male	Color or Race	White	Birth-place	Hoodsboro.
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	James C. Bechl			Father's Birthplace	Leviestown ^{W.D.}
Mother's Maiden Name	Charlotte B. Whitmore			Mother's Birthplace	Thermont.
Name of person giving information	J. Whitmore			How related to deceased	Grandfather
CAUSES OF DEATH					
Primary	Inanition			How long	1 month
Immediate	"			How long	"
Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	Geo H. Beall. M.D.
				Address	Libertytown.
Accident or Suicide?	—				W.D.



Name
in
Full

Hanson Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Middletown</i>		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>10</i>	Age <i>71</i>	Years	Months <i>6</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Fredk Co. Md.</i>				
Occupation <i>Flower</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susan Koofle</i>						
Father's Name <i>Michael Boyer</i>	Father's Birthplace						
Mother's Maiden Name <i>Elizabeth Jacobs</i>	Mother's Birthplace						
Name of person giving information	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of face</i>	How long <i>about 2 yrs</i>
Immediate <i>Exhaustion +</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Beckley</i>
	Address <i>Middletown</i>
Accident or Suicide?	<i>Ind.</i>



Name
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Full

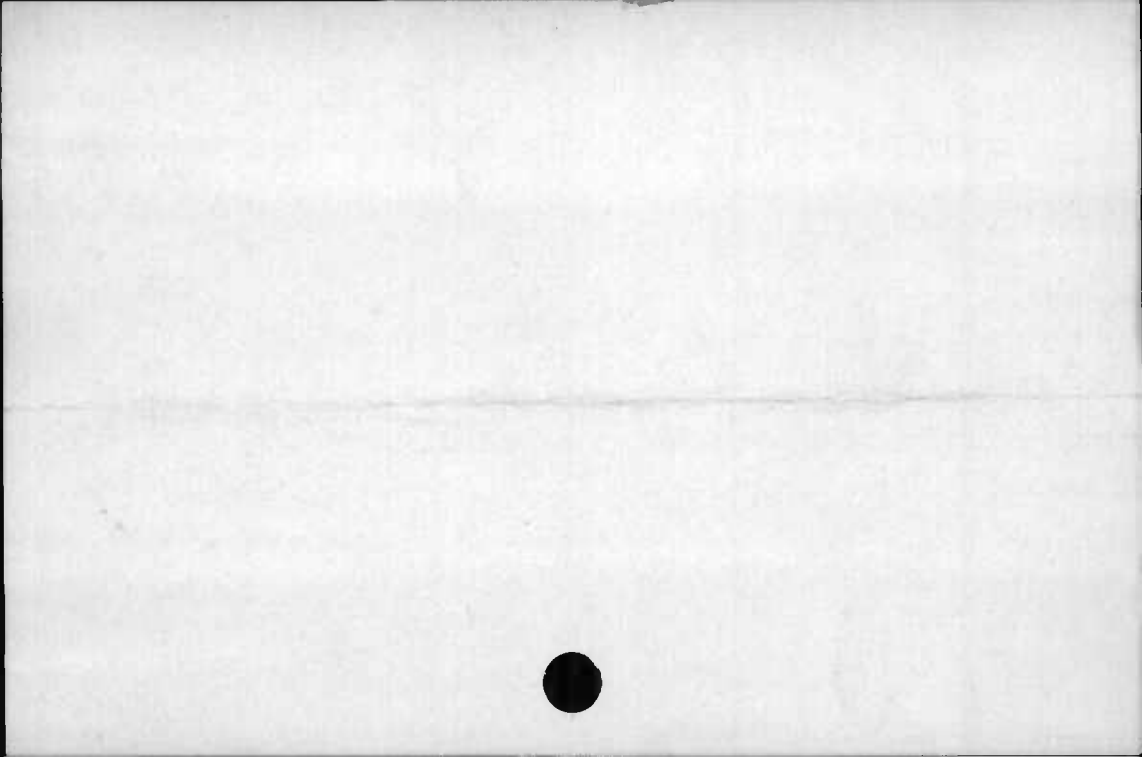
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Zachariah J. Breighner		Emmitsburg		Frederick		MARYLAND	
Died at		Town		County			
Date of death		1906		Month		Aug	
		Day		19		Age	
		78		Years		Months	
		Days					
Sex		Male		Color or Race		White	
Occupation		Laborer		Birth-place		Gettysburg Pa	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Barbra Isrotte	
Father's Name		Daniel Breighner		Father's Birthplace		Gettysburg Pa	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		William P. Eyer		How related to deceased		Friend	

CAUSES OF DEATH

Primary	Chronic Interstitial Nephritis	How long	Five years.
Immediate	Uraemic Coma	How long	20 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. J. Jamison	
Address		Emmitsburg Md	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Emmitsburg* ^{Town} *Frick* ^{County,}Date of death *1906* ^{Month} *Aug* ^{Day} *8* ^{Years} *63* ^{Months} ^{Days}Sex *Female* Color or Race *Colored* Birth-place *Emmitsburg*Occupation *House Wife* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Henry Brown*Father's Name *William Richardson* Father's Birthplace *Emmitsburg*

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Daughter, G. Brown* How related to deceased *Daughter*

CAUSES OF DEATH

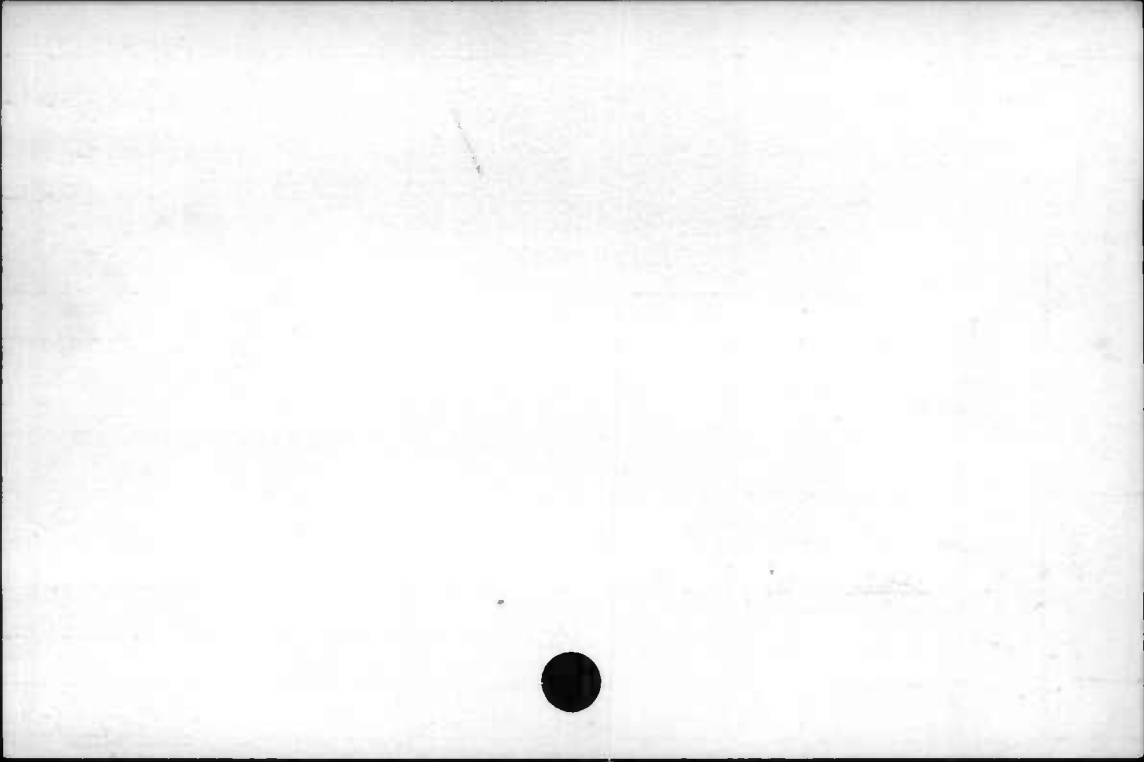
Primary *Hypertension* ⁽¹⁴⁾ How long *3 days*Immediate *Inflammation of Bowels* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Josephine B. Burrier

CERTIFICATE OF DEATH

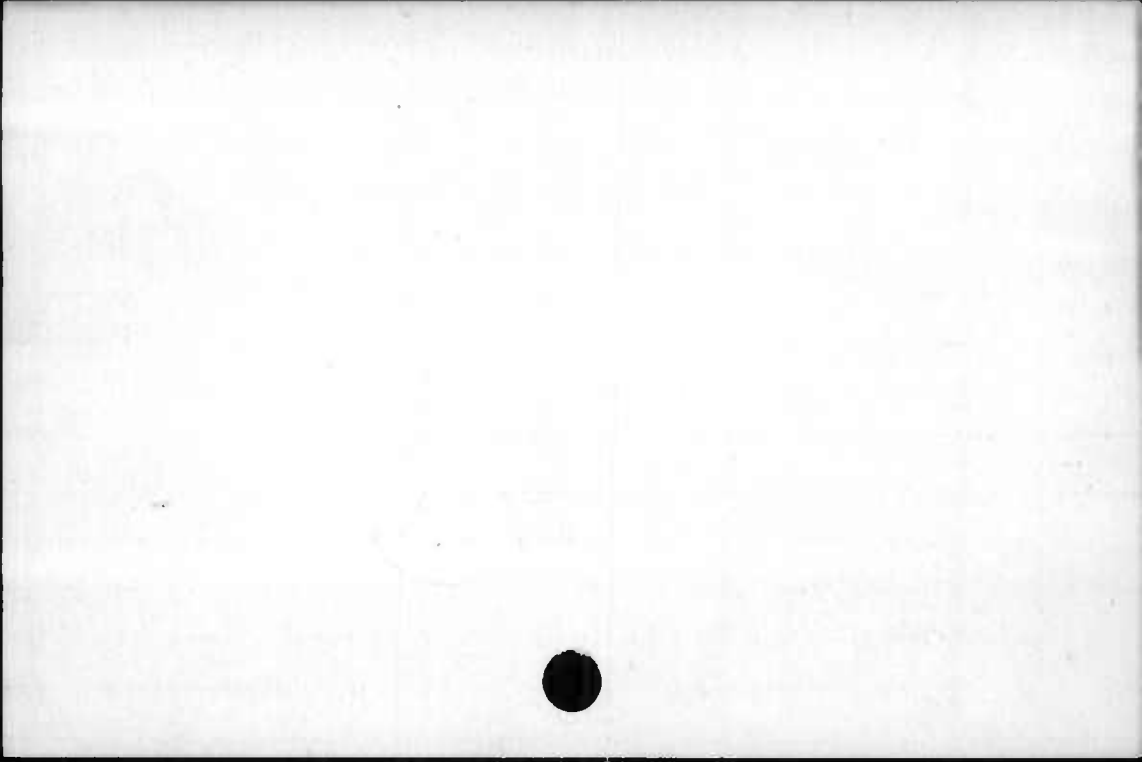
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bloomfield</i> ^{Town}		<i>Lundrick</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> ^{Month}	<i>5</i> ^{Day}	Age <i>27</i> ^{Years}	Months	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Grason Burrier</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>May Ransburg</i>	Mother's Birthplace <i>md</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mal Nutrition</i>	<i>151</i>	How long
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Miller</i>	
	Address	
Accident or Suicide?		



Name In Full

Certificate of Death

Jesse Cashon
 Died at ^{Town} Langanore ^{County} Frederick MARYLAND

1906 ^{Month} Aug ^{Day} 4 ^{Y.} ^{M.} 3 ^{D.} 15 ^{Native of} Md ^{Occupation}
 Date 1906 ^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}
^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of _____
 Wife _____

Father's Name David Cashon Mother's Name Thelma The Gore 6 day

Cause of Primary Cholera infantum How long sick 6 days
 Death Immediate meningitis 105 Accident, Suicide, Homicide

Reported by David M. Devilbiss M.D.

Address Woodville Frederick Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary L. Derr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near</i> <i>Crownville</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>26</i>	Age <i>72</i>	Months <i>5</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Frederick Co. Md</i>			
Occupation <i>House Maid</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Derr</i>	Father's Birthplace <i>Frederick Co. Md</i>				
Mother's Maiden Name <i>Elizabeth Eugenie</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Alice Derr</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>14</i>	Gradual
Immediate <i>Acute dysentery</i>	How long <i>Ten Days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. B. Johnson</i>	<i>Md</i>
	Address <i>Frederick</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug	29th	59		16	17
Sex	Female	Color or Race	White		Birth-place	Frederick	
Occupation	H. G.		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Luther Sen		
Father's Name	Henry Traylor		Father's Birthplace		Frederick		
Mother's Maiden Name	Elizabeth Traylor		Mother's Birthplace		Frederick		
Name of person giving information	Luther Sen		How related to deceased		Husband		

CAUSES OF DEATH

Primary	Typhoid, Gall Stones	How long	2 weeks
Immediate	Cardiac Paralysis	How long	1 Hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank Hedger
		Address	Frederick
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Fredk</i>		MARYLAND	
Date of death	1906	Month 8	Day 31	Age	Years —	Months —	Days 14
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth- place	<i>city</i>
Occupation				Where Residing if not at place of death			
				<i>Same</i>			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>Joseph Dorsey</i>				Father's Birthplace	<i>Med</i>
Mother's Maiden Name		<i>Nancy Randall</i>				Mother's Birthplace	<i>"</i>
Name of person giving In formation		<i>Mrs. Dorsey</i>				How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	
Immediate	<i>Exhaustion</i>	How long	<i>14 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>None in attendance</i>	
		Address	
		<i>Thomas P. Rice</i>	
Accident or Suicide?		Funeral Director	



Name
in
Full

CERTIFICATE OF DEATH

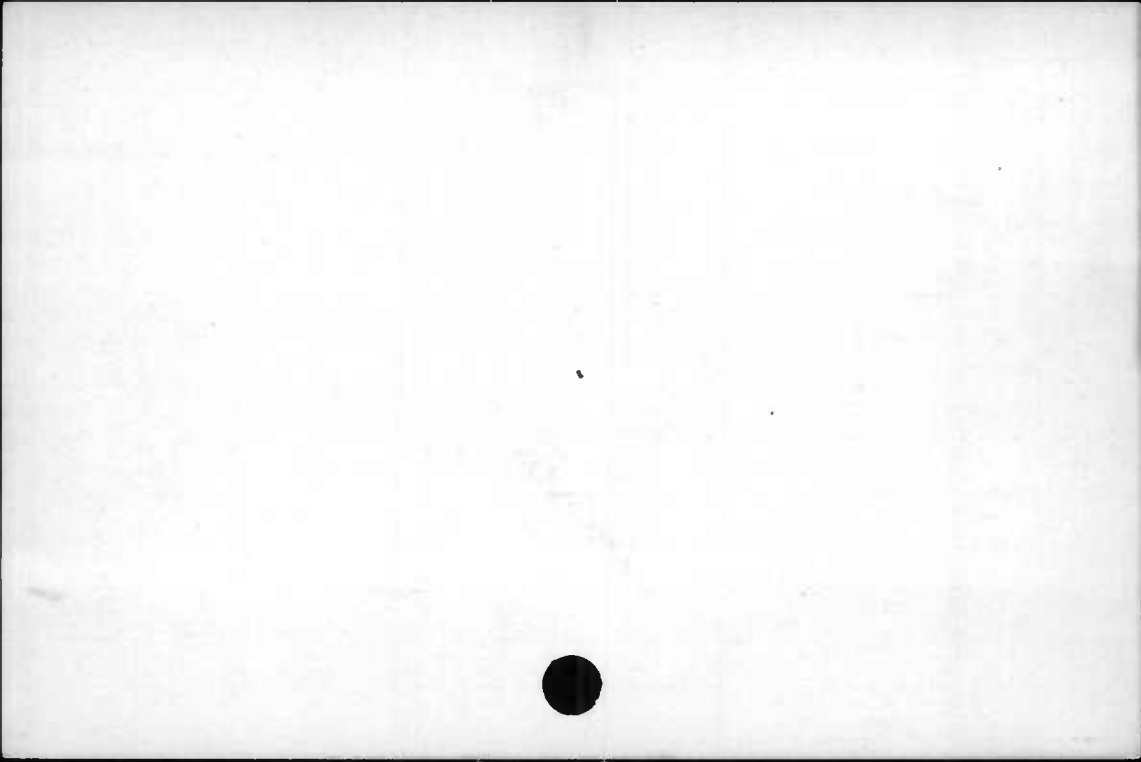
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Margaret Dougherty</i>		Town <i>Emmitsburg</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>3</i>		Years <i>81</i>	
Date of death <i>1906</i>		Months <i>7</i>		Days <i>6</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ireland</i>			
Occupation <i>Sister of Charity</i>				Where Residing if not at place of death <i>=</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>=</i>					
Father's Name <i>James Dougherty</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Johanna Welsh</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>S. Bernadine Brendorf</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>Three weeks</i>
Immediate <i>Congestion of the Lungs</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. B. Brown</i>
	Address <i>Emmitsburg Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Lydia Eves.

CERTIFICATE OF DEATH

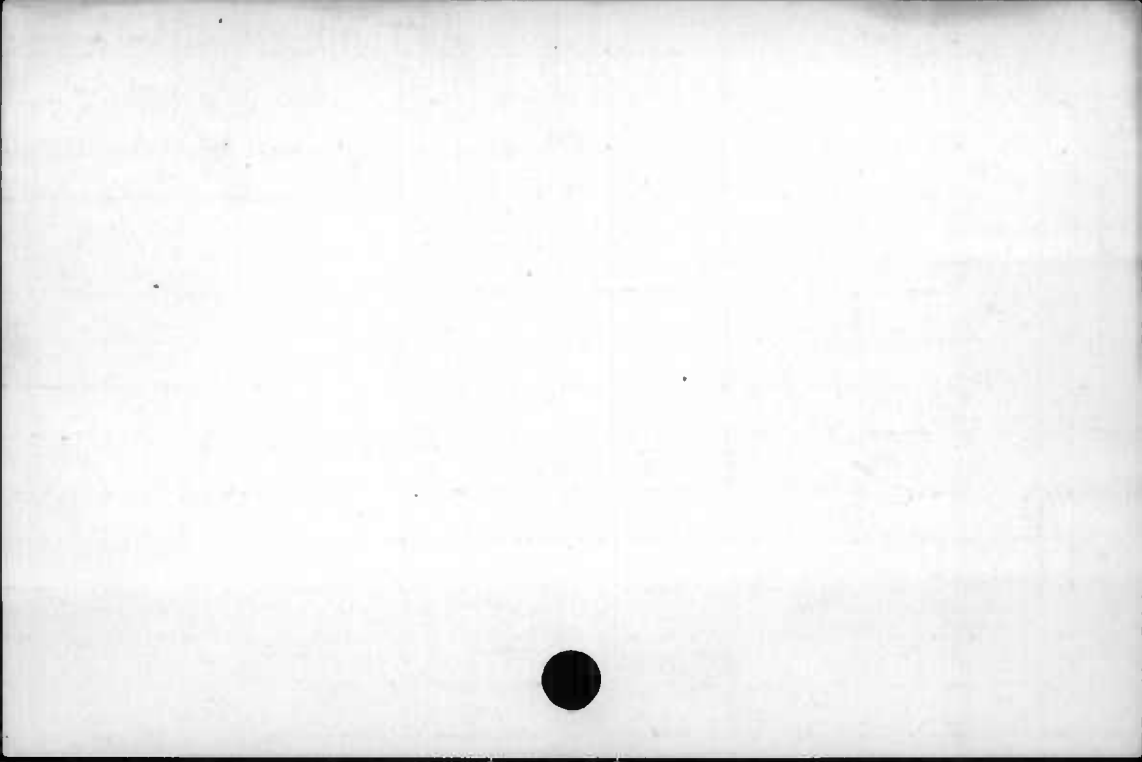
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dayville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>8</i>	Day <i>11</i>	Age <i>90 -</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place				
Occupation <i>housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>H. Eves</i>					
Father's Name <i>Terney</i>			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General (senile) debility</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. S. Nicodemus</i>
		Address	<i>Walkersville, Md.</i>
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Peterville* TownCounty *Fredrich*Date of death *1906 Aug* MonthDay *30*Age *21* YearsMonths *3*Days *Fred*Sex *Male*Color or Race *White*Birthplace *West Co*Occupation *Boiler maker*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Jerome B Fridinger*

Father's Birthplace

Mother's Maiden Name *Sara Philips*Mother's Birthplace *West Co*Name of person giving information *Mrs L A Mack*How related to deceased *Sister*

CAUSES OF DEATH

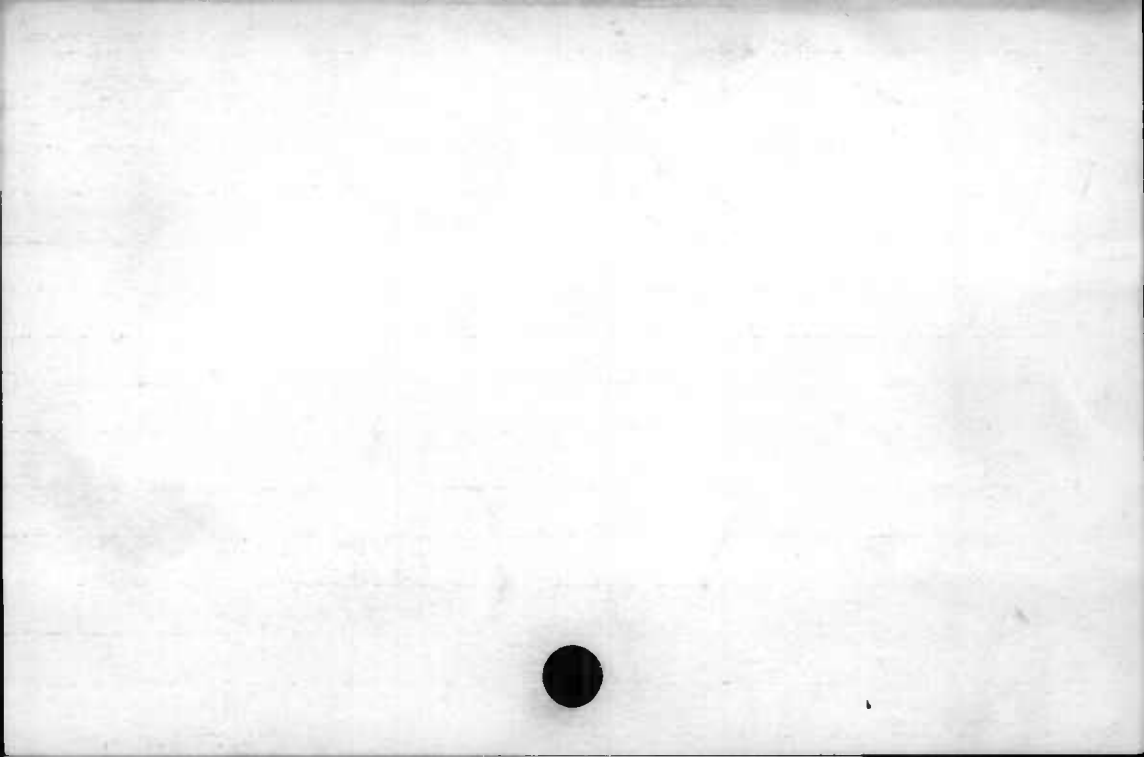
*176*Primary *Pistol shot in head*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Sam Claassen M.D.*Address *Peterville*Accident or Suicide? *Homicidal**md*



Name In Full		Sophia E. Gilbert.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Woodsboro		County Frederick		MARYLAND
	Date of death	1906	Month aug	Day 9	Age 67.	Years 7	Months 7
	Sex	Female		Color or Race	white		Birth-place Woodsboro.
	Occupation	none		Where Residing if not at place of death		Woodsboro.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Eli Gilbert.				Father's Birthplace	Woodsboro.
	Mother's Maiden Name	Sophia Hefner.				Mother's Birthplace	near Frederick.
Name of person giving information	R. L. Hammond.				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Carcinoma of Stomach				How long	about 10 years.
	Immediate	Cholera morbus.				How long	10 days.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	R. L. Hammond.	
					Address	Woodsboro Md.	
Accident or Suicide?							

1906. 8. 9

Name
in
Full

John Mc Calla Goedeborough

CERTIFICATE OF DEATH

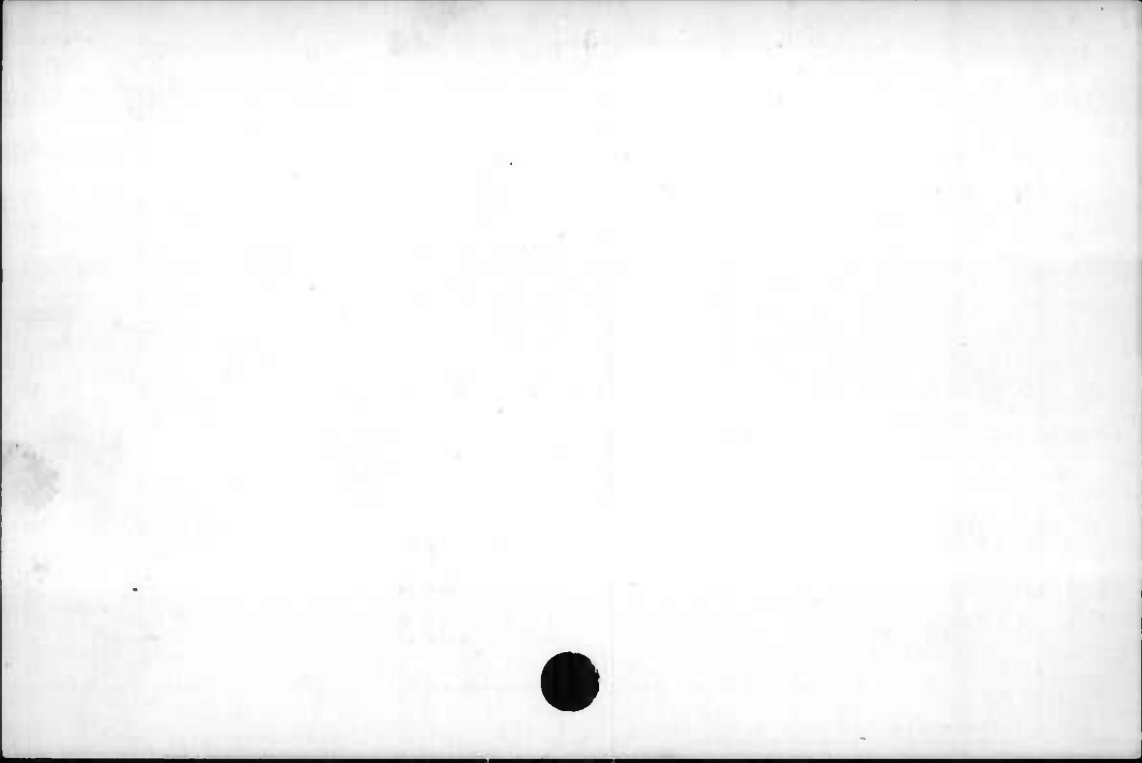
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woburnville</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	August	Day	14
Age		1		Years	3
Sex	male		Color or Race	white	
Occupation			Birth-place	Washington, D.C.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Edmund L. Goedeborough		
Mother's Maiden Name			Isabel Mc Calla		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>cholera infantum</i>	How long	<i>6 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Chas. W. Goedeborough</i>	
Address		<i>Woburnville, Md.</i>	
Accident or Suicide?			



Name
in
Full

Mary Elizabeth Gamber.

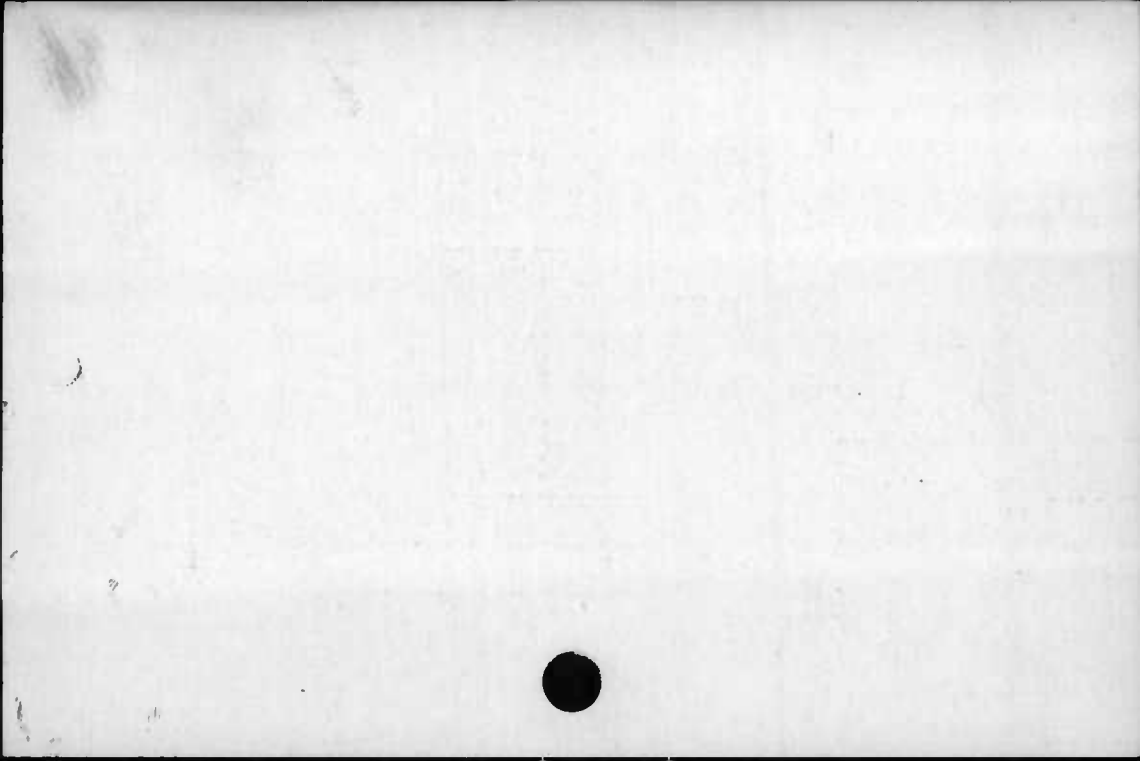
CERTIFICATE OF DEATH

Died at <i>Indian</i> ^{Town}		<i>Indiana</i> ^{County}		MARYLAND	
Date of death	1906	Month	Aug	Day	6
Age	60	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Indiana Ind
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	John Gamber.		
Father's Name	Josiah Hamman		Father's Birthplace	Indiana Ind	
Mother's Maiden Name	Anne Rebecca Ludwig		Mother's Birthplace	Indiana Ind	
Name of person giving information	Luther F. Hamman		How related to deceased	Brother	

CAUSES OF DEATH

Primary	<i>Arterio-sclerosis</i>	How long	<i>Six years.</i>
Immediate	<i>Acute Diarrhoea</i>	How long	<i>Four or five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. B. Johnson M.D.</i>
		Address	<i>Indiana Ind.</i>
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

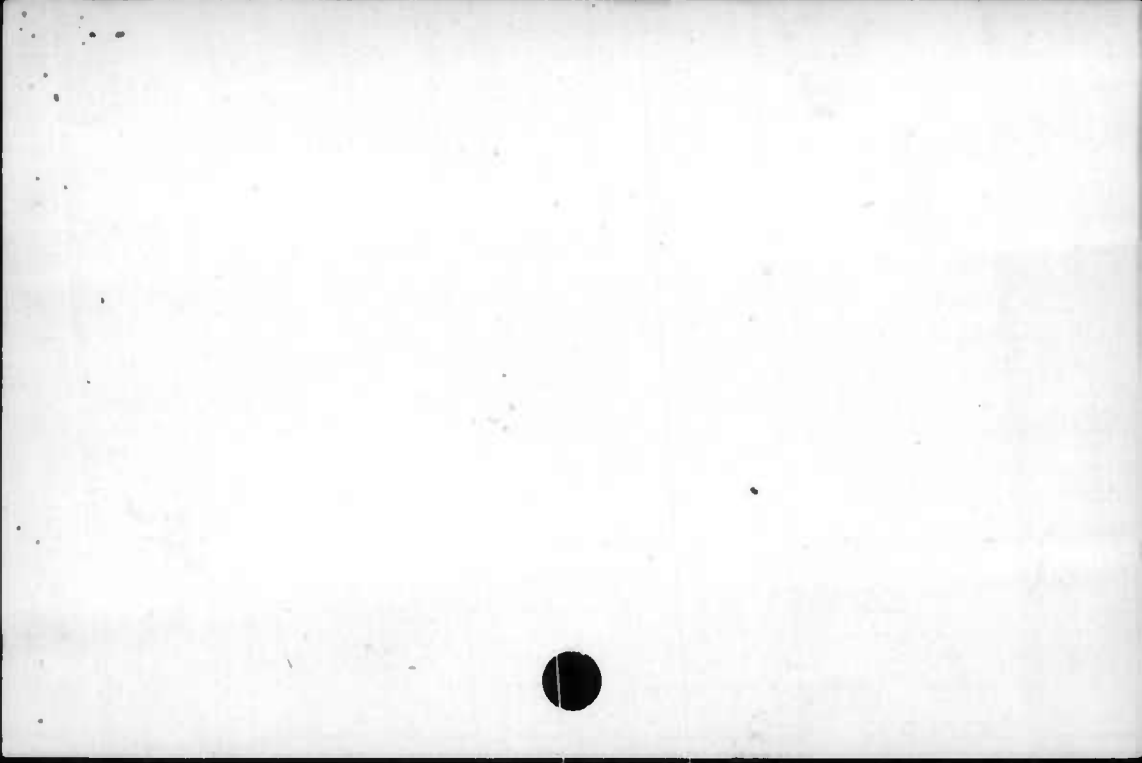
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lidia Gough</i>		Town <i>Lewiston</i>		County <i>Frank</i>		State <i>MARYLAND</i>	
Died at <i>Lewiston</i>		Date of death <i>1906 Aug 13</i>		Age <i>76</i>		Months <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Lewiston Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband <i>David Gough</i>			
Father's Name <i>Frank Brown</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Anne Wierman</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>		How long <i>Three months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. J. Gough</i>	
		Address <i>Lewiston</i>	
Accident or Suicide?		<i>Yes</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Buckittsville*

Gross
^{County} *Frederick*

Date of death ^{Month} *Aug* ^{Day} *31*

Age ^{Years} _____

Months _____

Days *2*

Sex *male*

Color or Race *Colored*

Birth-place *Buckittsville*

Occupation *Child*

Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name *Clarence Gross*

Father's Birthplace *md*

Mother's Maiden Name *Henrietta White*

Mother's Birthplace *md*

Name of person giving information *Clarence Gross*

How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Convulsions* *(7/1)*

How long *Immediate*

Immediate _____

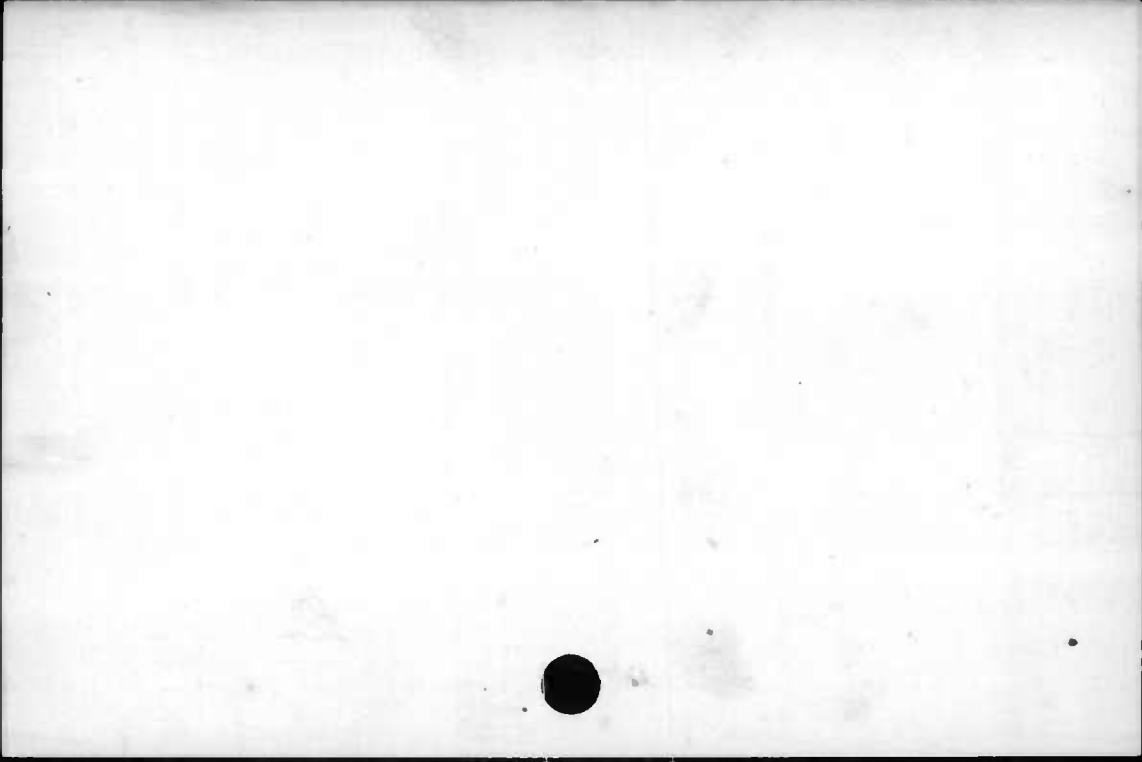
How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. F. [unclear]*

Address *Buckittsville*

Accident or Suicide? _____



Name
in
Full

Henry Gross

CERTIFICATE OF DEATH

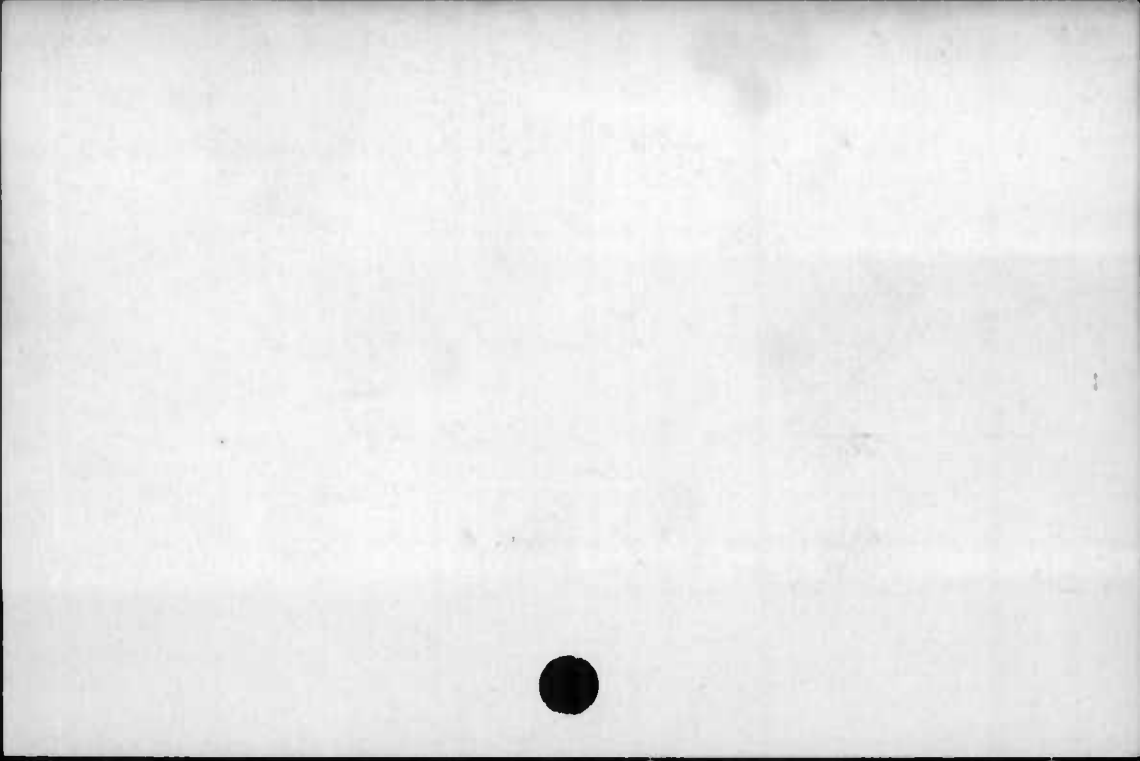
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Reno, ^{own} Fred Co		County		MARYLAND	
Date of death	1906	Month	Aug.	Day	31	Age	85- Months 9 Days 21
Sex	Male		Color or Race	White		Birth-place	Fred Co
Occupation	Farmer		Where Residing if not at place of death		Same		
Married, Single or Widowed	Widower		Name of Wife or Husband	Mahala Gross			
Father's Name	Jacob Gross					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Ann. Beachley					How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility		How long	
Immediate,	Old age		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	S. S. Davis
			Address	Boonsboro
Accident or Suicide?				me



Name
in
Full

Henry Elias. Hahn.

CERTIFICATE OF DEATH

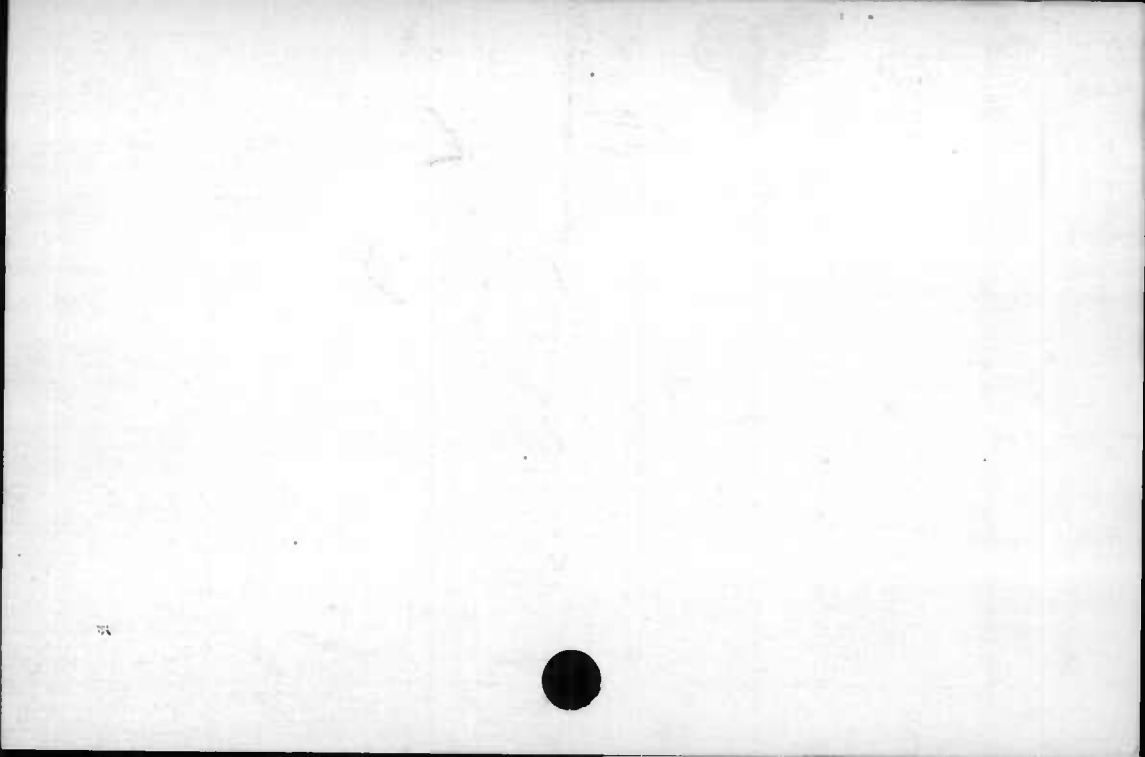
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ladysburg</i> ^{Town} <i>Fredrick</i> ^{County}		MARYLAND	
Date of death	1906	Month	Aug.
	Day	20	Age
	Years	72	Months
		0	Days
Sex	Male	Color or Race	White
Occupation	Retired	Birth-place	
Where Residing if not at place of death		<i>at place of death</i>	
Married, Single or Widowed	Widowed	Name of Wife or Husband	
Father's Name			
Mother's Maiden Name			
Name of person giving information	<i>John H. Hahn</i>		How related to deceased
			<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility & dropsy.</i>	How long	<i>6 Mos.</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. H. Diller</i>
		Address	<i>Delmar - Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

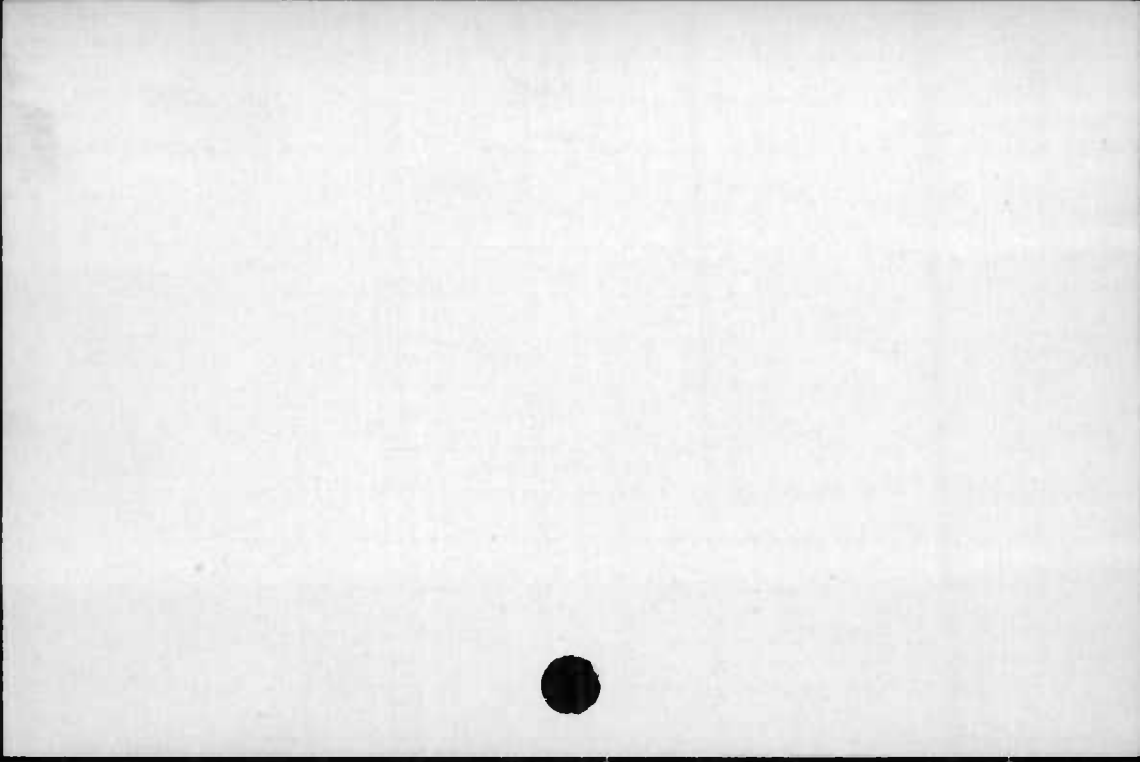
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montana Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death	1906	Month	Aug	Day	15	Age	36
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single	<i>Widowed</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>John Baker</i>					Father's Birthplace	
Mother's Maiden Name	<i>Hattie Baker</i>					Mother's Birthplace	
Name of person giving information	<i>—</i>					How related to deceased	

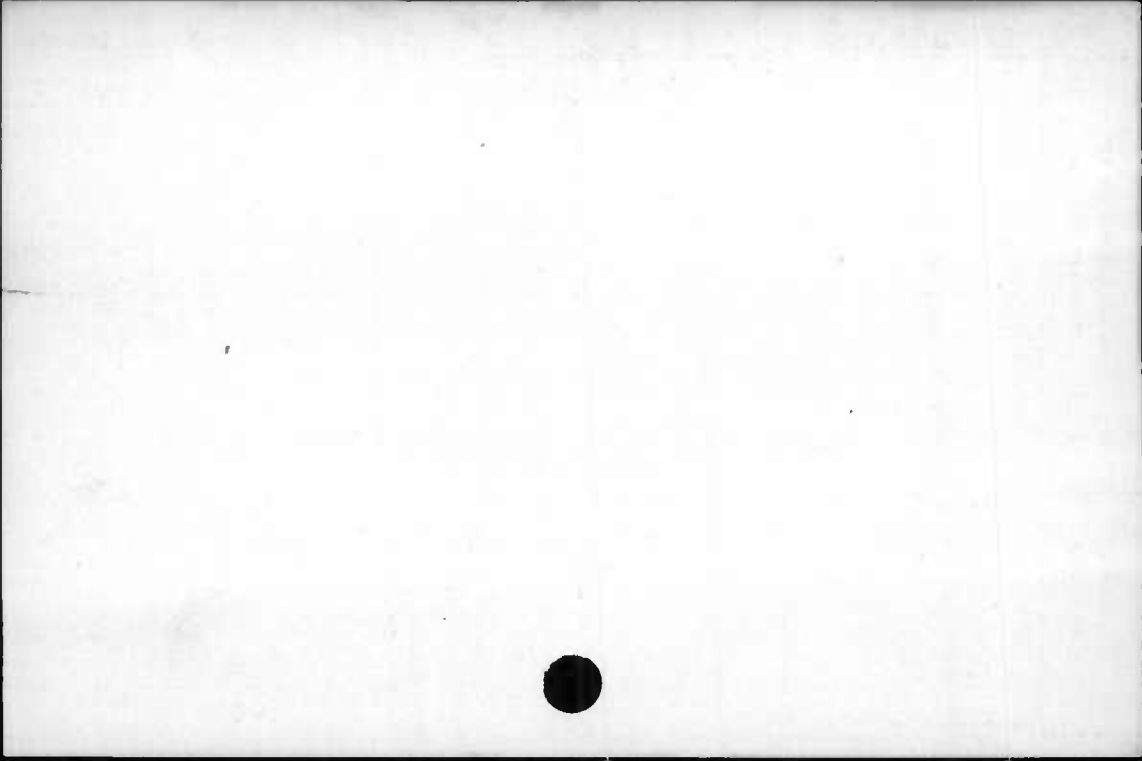
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis (Pulmonary)</i>	How long	<i>1 year -</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. S. Lyson</i>		
	Address <i>Frederick, Md.</i>		
Accident or Suicide?			



Name in Full		Charles B. Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Mountainville		Aug 26		Frederick
	Date of death		1906		Aug		26
	Sex		Male		Color or Race		Black
	Occupation		Mechanic		Where Residing if not at place of death		—
	Married, Single or Widowed		Married		Name of Wife or Husband		Maria Males
	Father's Name		Charles Hall		Father's Birthplace		Md
	Mother's Maiden Name		Juliet Price		Mother's Birthplace		Md
	Name of person giving information		Maria Hall		How related to deceased		Wife
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Anemic debility		How long		154
	Immediate		Heart Failure		How long		instant
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		Frederick
							Md
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

Lillie May Hawn
Town *Foxville* County *Frederick*

MARYLAND

Died at *Foxville* Month *Aug* Day *14* Age *2* Years Months *0* Days *9*

Sex *Female* Color or Race *White* Birthplace *Foxville Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *J. Alony Hawn* (106) Father's Birthplace *Foxville Md*

Mother's Maiden Name *Mollie Anna Hawn* Mother's Birthplace *Foxville-Md.*

Name of person giving information *J. Alony Hawn* How related to deceased *father.*

CAUSES OF DEATH (106)

Primary *Cholera Infantis* How long *30 hours.*

Immediate *Convulsions & Cerebral Hyperemia* How long *4 hours.*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *E. L. Hefner M.D.*

Address *Thurmont, Md.*

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

John L. Hargett

CERTIFICATE OF DEATH

MARYLAND

Died at *Near Gamewills* ^{Town}*Indenick* ^{County}Date
of death 1906Month
8Day
2

Age

Years
62Months
2Days
25Sex *Male*Color or
Race*White*Birth-
place*Indenick Co Md*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
~~Husband~~*Mary M Poole*Father's
Name*John H Hargett*Father's
Birthplace*Indenick Co Md*Mother's
Maiden Name*Mary Ellen Thomas*Mother's
Birthplace*" " "*Name of person giving
In formation*Mary M Hargett*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

accidental drowned

How long

Immediate

accidental drowned

How long

Are the name, age, sex, color, date
and place correctly given above?*Correct*Signature of
Physician*No Physician*

Address

*John H Shipley J. P.
Acting Coroner**Dr. T. E. R. MILLER*

Accident or Suicide?

*Accident*TO BE ANSWERED BY
NEAREST FRIEND-PHYSICIAN
OR CORONER

My Oliver Lemery,

Name
in
Full

CERTIFICATE OF DEATH

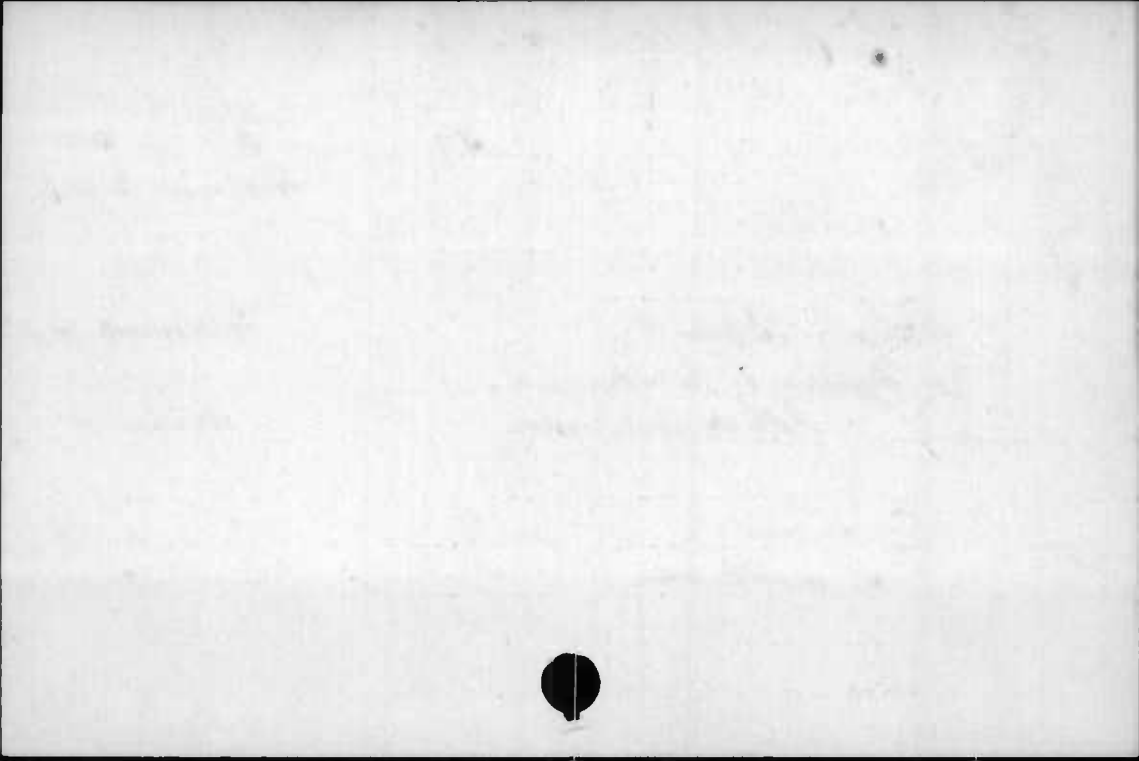
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown</i>		Town <i>Brown</i>		County <i>11</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>8</i>		Age <i>50</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Fredrick Co Md</i>		Months <i>3</i>	
Occupation <i>House</i>		Where Residing if not at place of death <i>X</i>		Days <i>20</i>			
Married, <i>Single</i> or Widowed		Name of Wife or Husband <i>A. H. Harrington</i>		Father's Name <i>Jacob Barr</i>		Father's Birthplace <i>Fredrick Co Md</i>	
Mother's Maiden Name <i>Margaret M Stephen</i>		Name of person giving information <i>A. H. Harrington</i>		Mother's Birthplace <i>" " "</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of Heart. (Tricuspid Valve)</i>		How long <i>4 yrs</i>	
Immediate <i>Dropsy</i>		How long <i>1 1/2</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Maynard</i>	
		Address <i>17 Decatur St W</i>	
Accident or Suicide? <i>No</i>		<i>Fredrick Co Md</i>	



Name
in
Full

Blanch Kathleen Ward

CERTIFICATE OF DEATH

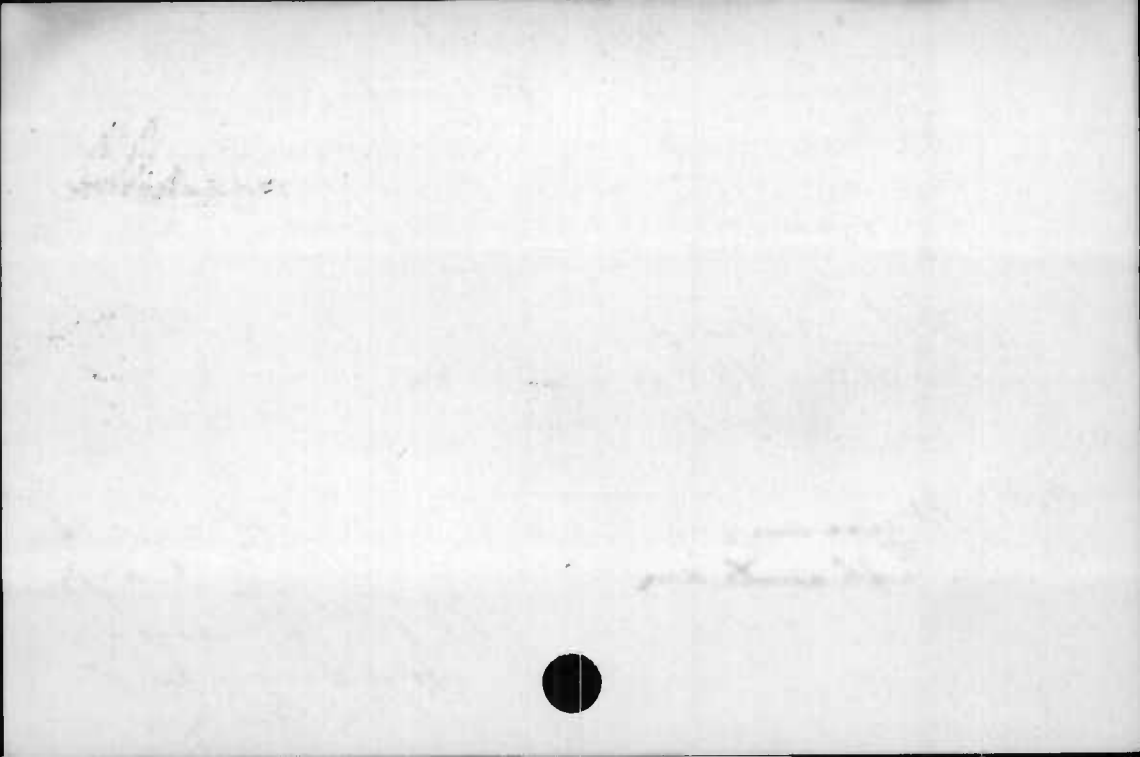
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Friederick		Friederick		MARYLAND	
Date of death		1906	Month 8	Day 8	Age —	Months 4	Days 28
Sex	Female		Color or Race	White		Birthplace	Friederick Md
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	John A Ward					Father's Birthplace	Friederick Md
Mother's Maiden Name	Nellie B Garver					Mother's Birthplace	" Co "
Name of person giving information	John A Ward					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mammas	How long	4 months
Immediate	Ephorisation	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. G. McQuay	
Address		Friederick Md	
Accident or Suicide?			



Name in Full		Robert A House				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at Brunswick		Frederick					
		Date of death	1906	Month Aug	Day 30	Years 28-	Months 10	Days 8	
		Sex	male		Color or Race	white		Birth- place	Brunswick
		Occupation	Fireman		Where Residing if not at place of death				
		Married, Single, or Widowed	married		Name of Wife or Husband	Dora. H House			
		Father's Name	Lawson House				Father's Birthplace	Ma	
Mother's Maiden Name	Margrett House				Mother's Birthplace	Ma			
Name of person giving In formation	Dora. H House				How related to deceased	Wife			

		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary	Typhoid Fever		How long	26 days	
		Immediate	Exhaustion		How long	3. days	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	H. S. Hedgcock
				Address		Brunswick Maryland	
		Accident or Suicide?					



Name
in
Full

Elinor Huffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frost-Town</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Aug</i> <small>Month</small>	<i>13th</i> <small>Day</small>	<i>7</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Fred Leo</i>			
Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Howard Huffer</i>		Father's Birthplace <i>Fred Leo</i>			
Mother's Maiden Name <i>Ella Moser</i>		Mother's Birthplace <i>Fred Leo</i>			
Name of person giving information <i>Sinon Bowler</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

Primary <i>Rheumatism</i>	<i>47</i>	How long <i>12 weeks</i>
Immediate <i>Endocarditis</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. T. Wheeler M. D.</i>	Address <i>Bowling Green</i>
Accident or Suicide?	<i>Wash. Leo</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Louise Irons.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monticome Hospital</i>		County <i>Frederick</i>		MARYLAND	
Date of death	190 <i>4</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>76</i>	Months <i>76</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. S. Lyson</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name
In
Full

Grace Kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Wolfsville ^{County} Frederick MARYLAND

Date of death 1906 ^{Month} Aug. ^{Day} 29 ^{Age} — ^{Years} — ^{Months} 9 ^{Days} 26

Sex Female ^{Color or Race} white ^{Birth-place} Md.

Occupation Infant ^{Where Residing if not at place of death}

Married, Single or Widowed Infant ^{Name of Wife or Husband}

Father's Name Curtis Kline ^{Father's Birthplace} Md.

Mother's Maiden Name Emma Shepley ^{Mother's Birthplace} Md.

Name of parson giving information J. L. Frey ^{How related to deceased} none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ^{How long} 105

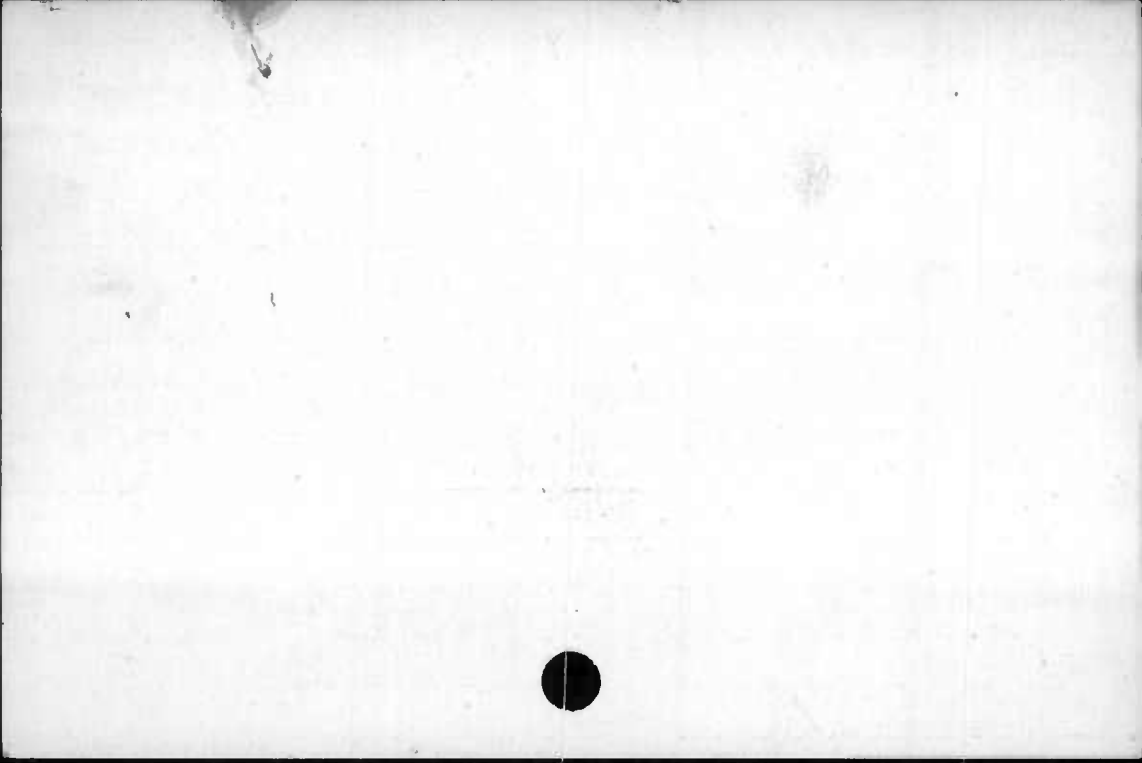
Immediate to cholera Infantum ^{How long} one wk-

Are the name, age, sex, color, date and place correctly given above? yes-

Signature of Physician A. J. Smith

Address Wolfsville Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Long</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Age <i>19</i>		Months <i>6</i> Days <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Same as above</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>William J. Long</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary Taylor</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Joseph Taylor</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Maremmus</i>	How long <i>2 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. H. Story</i>
	Address <i>Emmitsburg, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

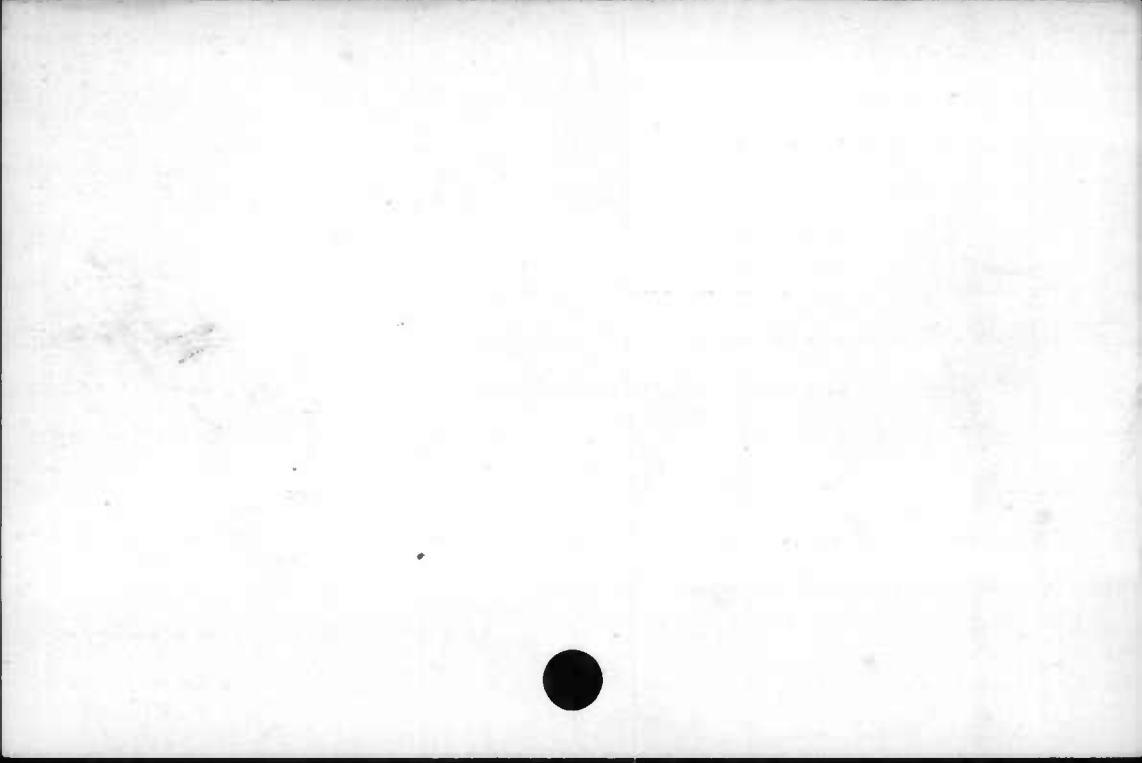
MARYLAND

Died at <i>Emmitsburg</i>		County <i>Frederick</i>			
Date of death	190 <i>6</i>	Month <i>Aug</i>	Day <i>12</i>	Age <i>—</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William J. Lang *</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary Eyler</i>			Mother's Birthplace		
Name of person giving information <i>Joseph Eyler</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yn</i>	Signature of Physician	<i>H. E. Stone, MD</i>
		Address	<i>Emmitsburg</i>
Accident or Suicide?			<i>MD</i>



Name
in
Full

Mary E. R. Morken

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Harmony

Fredk.

Date

Month

Day

Years

Months

Days

of death

1906 Aug.

1

Age

—

11

17

Sex

female

Color or
Race

white

Birth-
place

Fredk.

Occupation

Where Residing if not
at place of death

—

~~Single~~~~Widowed~~Name of Wife or
Husband

—

Father's
Name

Jno. W. Morken

Father's
Birthplace

Holfaville

Mother's
Maiden Name

Ellen E. Bidle

Mother's
Birthplace

Middletown

Name of person giving
in formation

Jno Morken

How related
to deceased

father

CAUSES OF DEATH

Primary

Acute gastritis & dysentery

How long

Don't know

Immediate

Convulsions

How long

about 12 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Roy V. Hauser

Address

Middletown
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lena Elvora Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Friedman</i>		County "		MARYLAND	
Date of death		Month	Day	Age	Year	Months	Days
1906		8	24		X	7	7
Sex		Color or Race		Birth-place			
Female		Black		Md			
Occupation				Where Residing if not at place of death			
X				X			
Married, Single or Widowed		Name of Wife or Husband					
X		X					
Father's Name				Father's Birthplace			
Henry Powell				Fred'st			
Mother's Maiden Name				Mother's Birthplace			
Sadie Mathews				Phila Pa.			
Name of person giving information				How related to deceased			
Sadie Mathews.							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>C. J. Goodman</i>	
No		Address	
		<i>Friedman Md</i>	
Accident or Suicide?			
No			

Greenmant

Bobarty.

Name
in
Full

CERTIFICATE OF DEATH

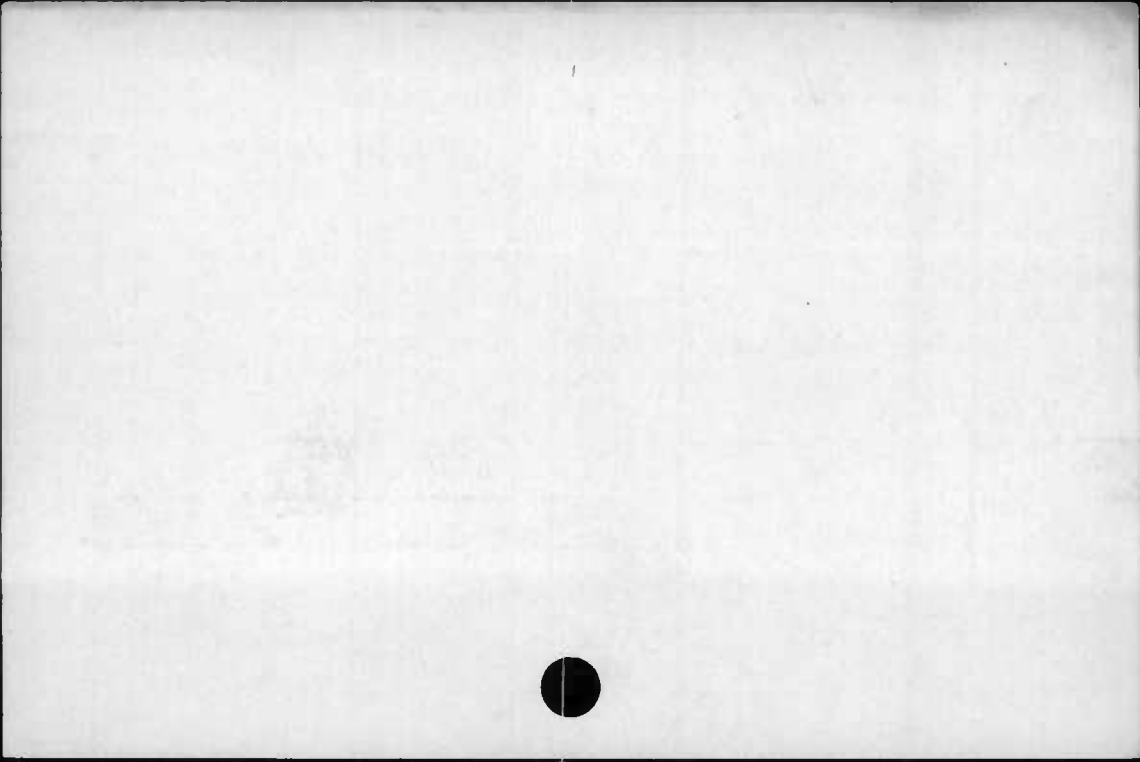
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Caroline B Miller		Town Fredrick		County Fredrick		State MARYLAND	
Died at Fredrick		Month June		Day 13th		Age 17	
Date of death 1906		Years 17		Months 1		Days 1	
Sex Female		Color or Race White		Birthplace Germany			
Occupation H. H.		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Henry Schwallm					
Father's Name Henry Schwallm		Father's Birthplace Germany					
Mother's Maiden Name Leont / Inger		Mother's Birthplace "					
Name of person giving information Chas Miller		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes, Paralysis	How long	1 year
Immediate	Cardiac Paralysis	How long	3 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Frank Hedger	
		Address Fredrick	
Accident or Suicide?			



Name
in
Full

Martin V Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catoctin Furnace		County Frederick		MARYLAND	
Date of death	1906	Month Aug	Day 3	Age 69	Years 11	Months 21	Days
Sex	male		Color or Race	white		Birth- place	
Occupation	Retired			Where Residing if not at place of death			
Married, or Widowed	Yes		Name of Wife or Husband	Catherine V Benner			
Father's Name	Sam'l Miller					Father's Birthplace	
Mother's Maiden Name	Annie Shuff					Mother's Birthplace	
Name of person giving In formation						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Disease		How long	10 yrs -
Immediate	Paralysis		How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Morris A Brady
			Address	Thurmont Md
Accident or Suicide?				



Name
In
Full

Raymond Parker Mohler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pt of Rocks* ^{Town} *Andover Co* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *8* ^{Day} *5* ^{Years} *2* ^{Months} *4* ^{Days} *2*

Sex *Male* Color or Race *White* Birth-place *Pt of Rocks*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Wm H Mohler* Father's Birthplace *Pt of Rocks Md*

Mother's Maiden Name *Hellie D Klipp* Mother's Birthplace *Andover Co Md*

Name of person giving information *Mr Klipp* How related to deceased *Uncle*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *fever* ^{How long} *166*

Immediate *intestinal rupture* ^{How long} *16 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas Conley*

Address *Adams Station Md*

Accident or Suicide *—*

b. b. b. only -
at Hop Rock

— Aug 6 —

Name
in
Full

CERTIFICATE OF DEATH

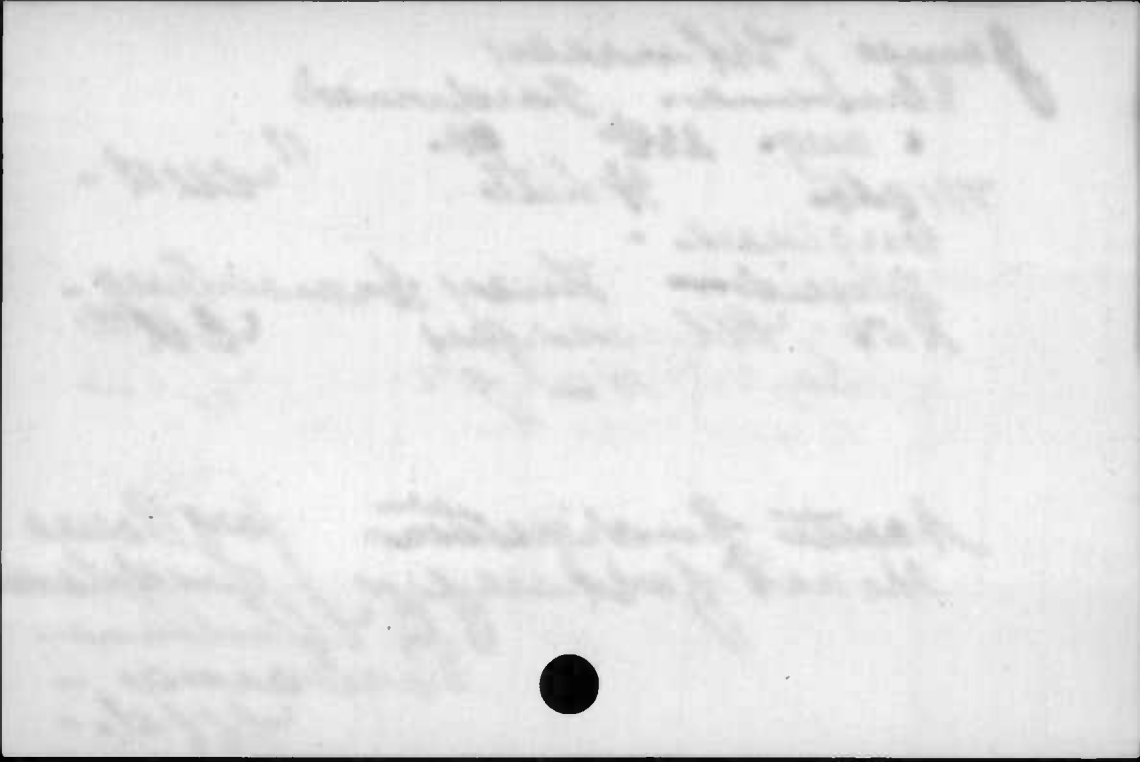
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		James Murray				County		TOWN		Died at		Urbanana.		Frederick		MARYLAND							
Date of death		1906		Month		Aug.		Day		26 th		Age		62		Months		11		Days			
Sex		Male		Color or Race		White		Birth-place		Md.		Occupation		Engineer -		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or H		Lucy Bronenburg		Father's Name		Rob. W. Murray		Father's Birthplace		Md.		Mother's Maiden Name		Charlotte W. R. R.		Mother's Birthplace		Md.	
Name of person giving information		Lucy Murray		How related to deceased		Wife																	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Acute Indigestion		How long		few hours	
Immediate		Heart failure		How long		Sudden	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		E. E. Shullin.	
				Address		Urbanana - Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

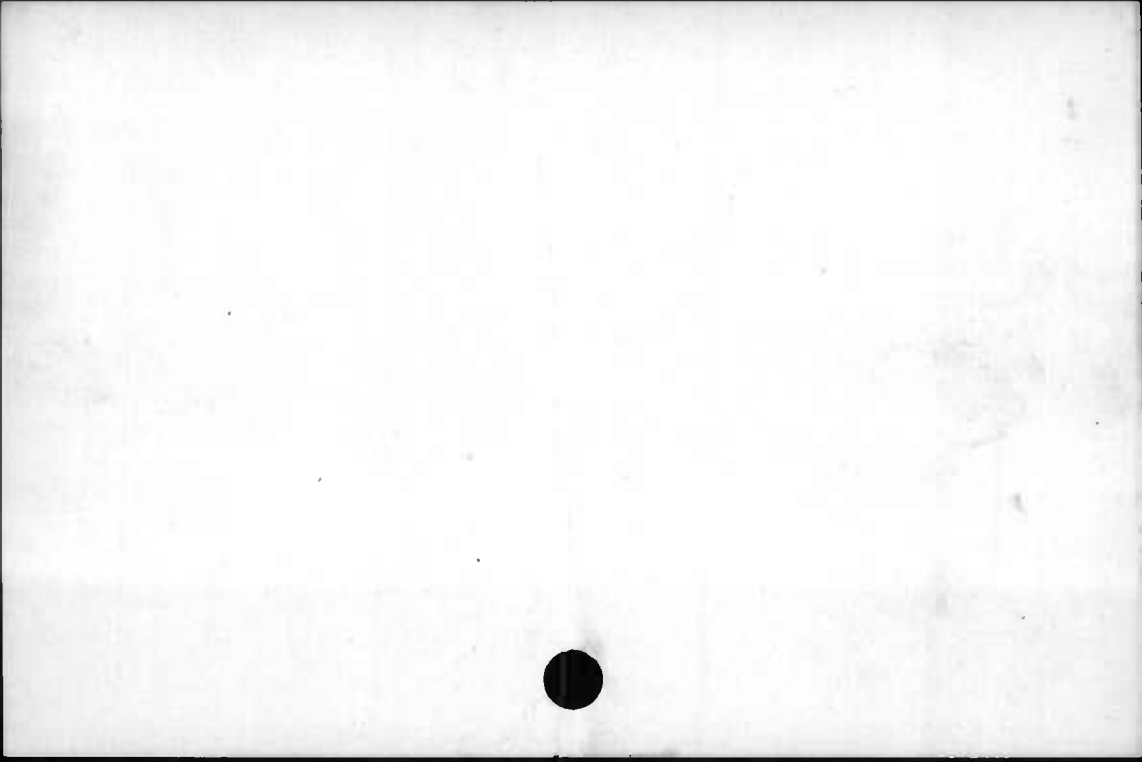
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Morris Paul Myers		Town Thurmont		County Frederick		MARYLAND	
Died at Thurmont		Month Aug		Day 31		Age 11	
Date of death 1906		Month Aug		Day 31		Years 11	
Sex male		Color or Race white		Birth-place Co		Days 2	
Occupation 				Where Residing if not at place of death 			
Married, Single or Widowed Single				Name of Wife or Husband 			
Father's Name John Myers				Father's Birthplace Frederick Co			
Mother's Maiden Name Olivia Thomas				Mother's Birthplace 1. 4			
Name of person giving information Paul Myers				How related to deceased father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Sacro enteritis	How long 2 da
Immediate Meningitis Colic	How long 1 da
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Morris A. Paul
	Address Thurmont Md
Accident or Suicide? 	



PHYSICIAN
OR CORONER

Aaron Richardson

CERTIFICATE OF DEATH

Died at Admelo Town

County

MARYLAND

Date of death 1906 Month
April

Day 16 -

Age

Years

Months

Days

Sex *Male*

Color or Race *White*

Birth-place, *Famagusta, P.*

Occupation *Machinist*

Where Residing if not
at place of death

Lanne

Married, Single
or Widowed *Married*

Name of Wife or
Husband

Catherine E. Jones

Father's Name Aaron Richardson

Father's Birthplace England

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information _____

iving Mrs. Richardson

How related
to deceased

Widow

CAUSES OF DEATH

Primary

Arterio. Sclerosis

How long

long
10 ch or more

Immediate

Cerebral hemorrhage

How long

long 4 horns

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of Physician

J. J. Maynard

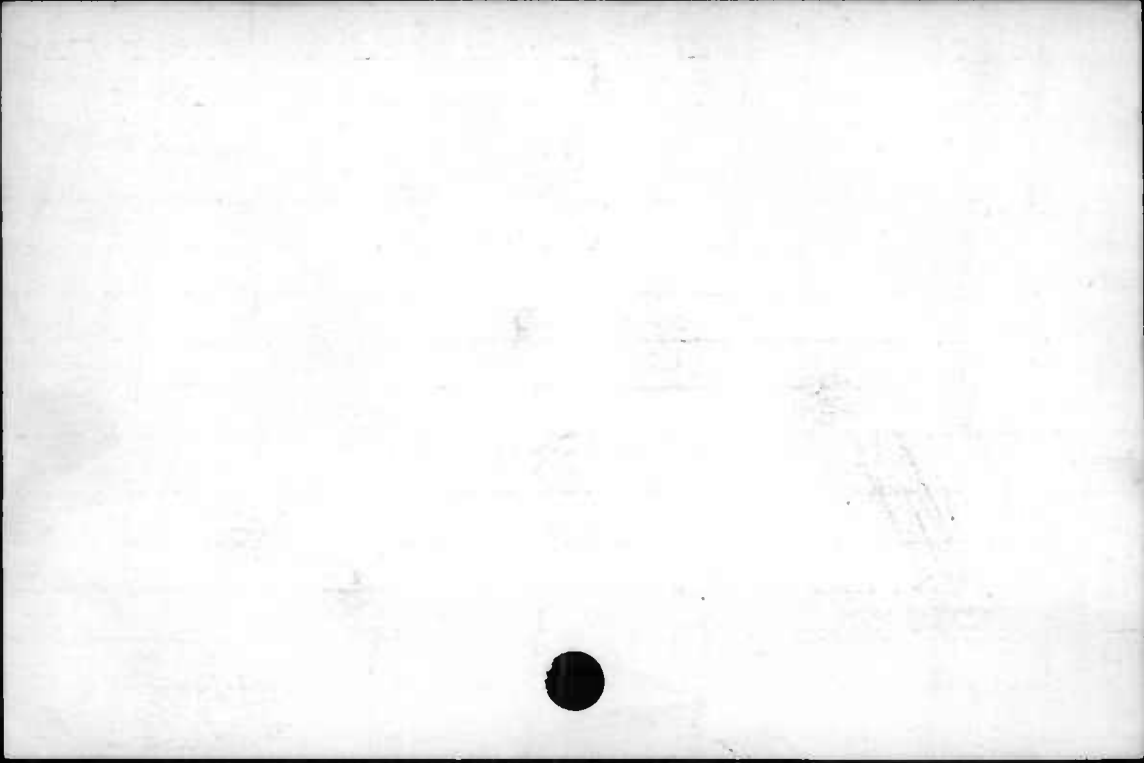
Address

17 Second St W.
Front to back.

Accident or Suicide



Name in Full		Oscar Samuel Richardson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Belfair</i> <small>Town</small>		<i>Peregrine</i> <small>County</small>		MARYLAND	
		Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>12</i>	
		Age <i>✓</i>		Years <i>✓</i>		Months <i>8</i>	
		Days <i>26</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
		Birth-place <i>Belfair</i>		Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>	
		Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>		Father's Birthplace	
Father's Name <i>P. A. Richardson</i>		Mother's Maiden Name <i>Hattie B. Barrick</i>		Mother's Birthplace		How related to deceased <i>Father</i>	
Name of person giving information <i>P. A. Richardson</i>		CAUSES OF DEATH		Primary <i>Cholera Infantum</i>		How long <i>3 days</i>	
Immediate <i>Barrenness</i>		Are the name, age, sex, color, date and place correctly given above? <i>Yes - 6-</i>		Signature of Physician <i>C. A. Stutz</i>		How long <i>3 days</i>	
Physician or Coroner <i>but of my knowledge</i>		Address <i>Woodward Md.</i>		Accident or Suicide? <i>✓</i>			



Name
in
Full

William Roberts

No. 18,

CERTIFICATE OF DEATH

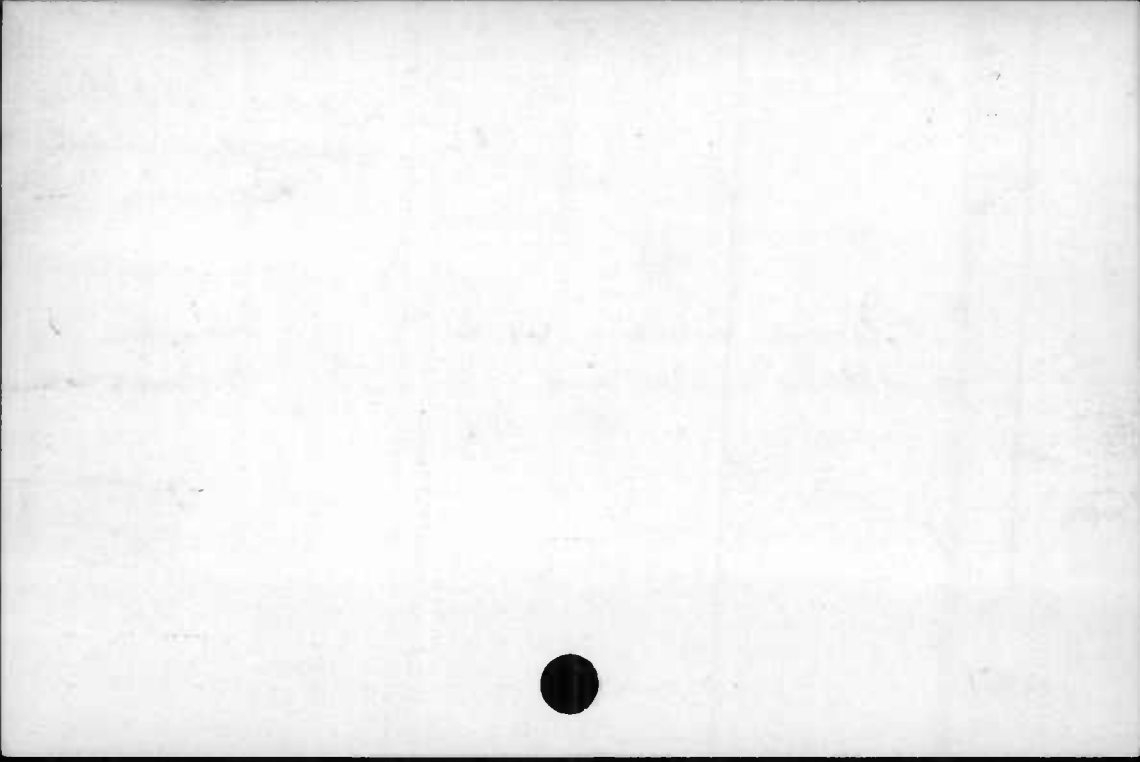
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Havensville</i>			^{County} <i>Fredrick</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>8</i>	Day <i>26</i>	Years <i>17</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place
Occupation	<i>Rail Road Laborer</i>			Where Residing if not at place of death		
Married, Single Widowed	Name of Wife or Husband					
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver</i>	How long	<i>don't know</i>
Immediate	<i>Chronic Gastritis</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. H. Hopkins M.D.</i>
		Address	<i>New Market</i>
Accident or Suicide?	<i>no</i>		<i>Maryland</i>



Name
in
Full

Cottrell

Shope

CERTIFICATE OF DEATH

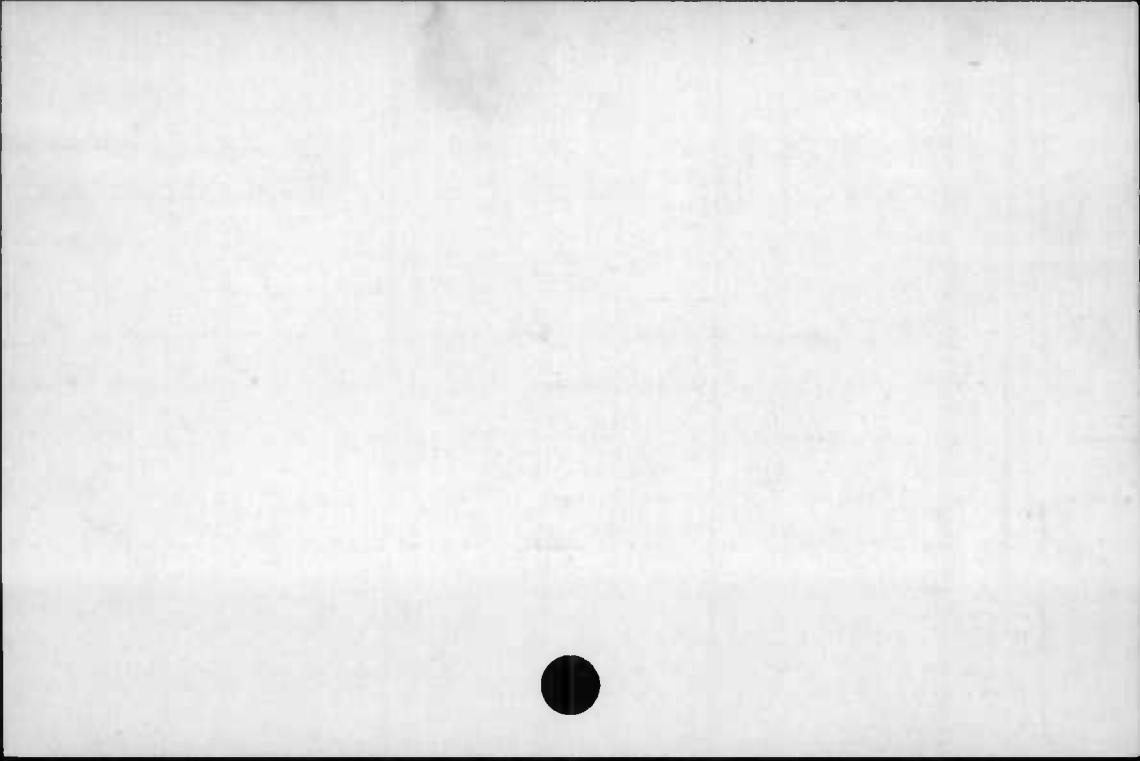
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredonia</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1906	Month	Aug	Day	17
Age		66		Years	11
Sex		Female		Color or Race	white
Birth-place		<i>Frederick Md</i>			
Occupation		<i>House woman</i>			
Where Residing if not at place of death					
Married, Single or Widowed		<i>widow</i>			
Name of Wife or Husband		<i>Charles B. Shope</i>			
Father's Name		<i>William Edward Satter</i>		Father's Birthplace	
				<i>Germantown Pa</i>	
Mother's Maiden Name		<i>Mary A. Killiam</i>		Mother's Birthplace	
				<i>Frederick Co. Md</i>	
Name of person giving information		<i>Estelle Shope</i>		How related to deceased	
				<i>Daughter</i>	

CAUSES OF DEATH

Primary	<i>Bright's disease Chronic</i>	How long	
Immediate	<i>Uræmia</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. M. Gardner, M.D.</i>	
		Address	
		<i>Frederick, Md.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Petes Shorb

CERTIFICATE OF DEATH

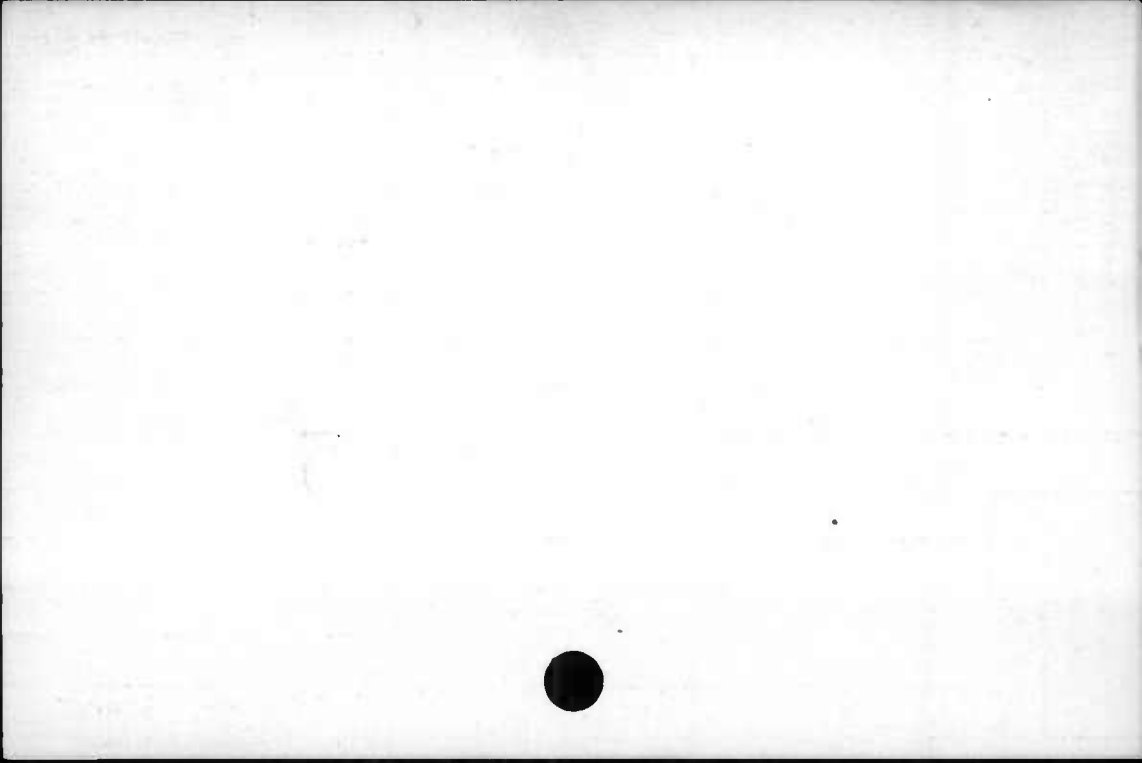
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Emmitsburg</i>		^{County} <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	August	Day	18
Age	78	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Pa.
Occupation	Carpenter		Where Residing If not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Rose Shorb		
Father's Name	John Shorb			Father's Birthplace	Pa.
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Archie Shuff			How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Four days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John B. Bronaugh</i>
		Address	<i>Emmitsburg, Md.</i>
Accident or Suicide?			



Name
in
Full

Adelaide Shuff

CERTIFICATE OF DEATH

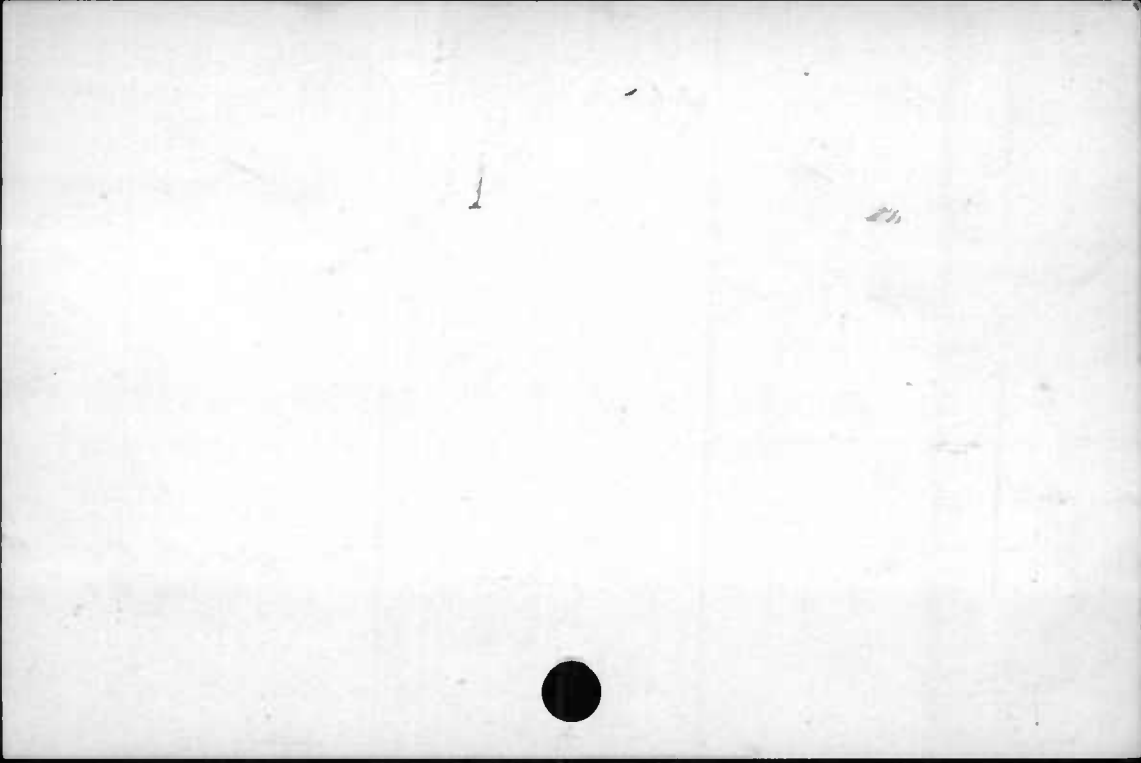
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Thurmont</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 1906	Month 8	Day 25-	Age 75-	Years	Months 3-	Days 8	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place				
Married, Single or Widowed			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Henry Shuff</i>							
Father's Name <i>Joseph Biggs</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Kolb</i>				Mother's Birthplace <i>Md</i>			
Name of person giving In formation <i>Henry Shuff</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>Childhood</i>
Immediate <i>Congestion Brain</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas H. Orator M.D.</i>
	Address <i>Thurmont - Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Edgar O. Smith

CERTIFICATE OF DEATH

Died at ^{Town} Emmitsburg

County Frederick

MARYLAND

Date of death 1906 ^{Month} Aug ^{Day} 8 Age ^{Years} 34 ^{Months} 1 ^{Days} 28

Sex Male Color or Race White Birth-place Emmitsburg

Occupation Rail Road Hand Where Residing if not at place of death Hyattstown Md

Married, Single or Widowed M Name of Wife or Husband Lene Harris

Father's Name George B. Smith Father's Birthplace Thurmont Md

Mother's Maiden Name Susan Eyles Mother's Birthplace Emmitsburg

Name of person giving information Nicholas P. Eyles How related to deceased Uncle

CAUSES OF DEATH

Primary Gun shot wounds (166) How long

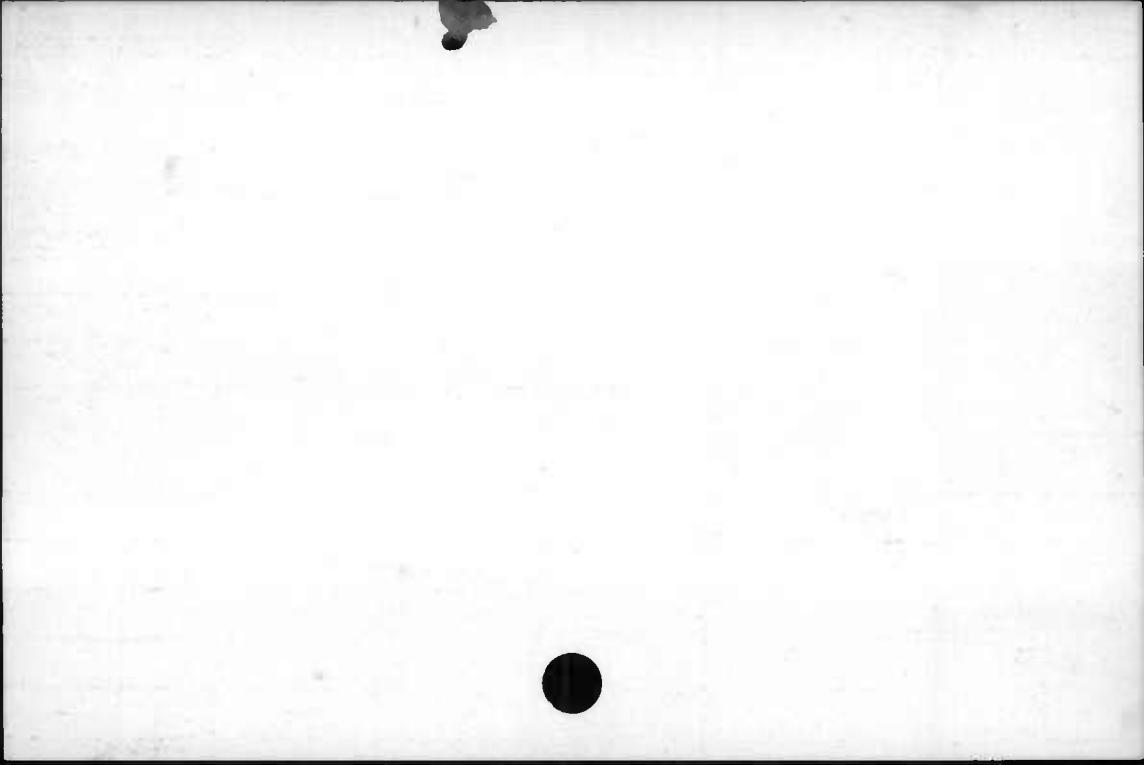
Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant of Julia Smith</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		STATE <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
<i>Fredericks</i>		<i>1906</i>		<i>24</i>		<i>6</i>	
Month <i>8</i>		Day <i>24</i>		Years <i>—</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>City</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Julia Smith</i>		Mother's Birthplace <i>City</i>					
Name of person giving information <i>Julia Smith</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature</i>	How long <i>151</i>
Immediate <i>Exhaustion</i>	How long <i>6 Hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Beatie Speaks, M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

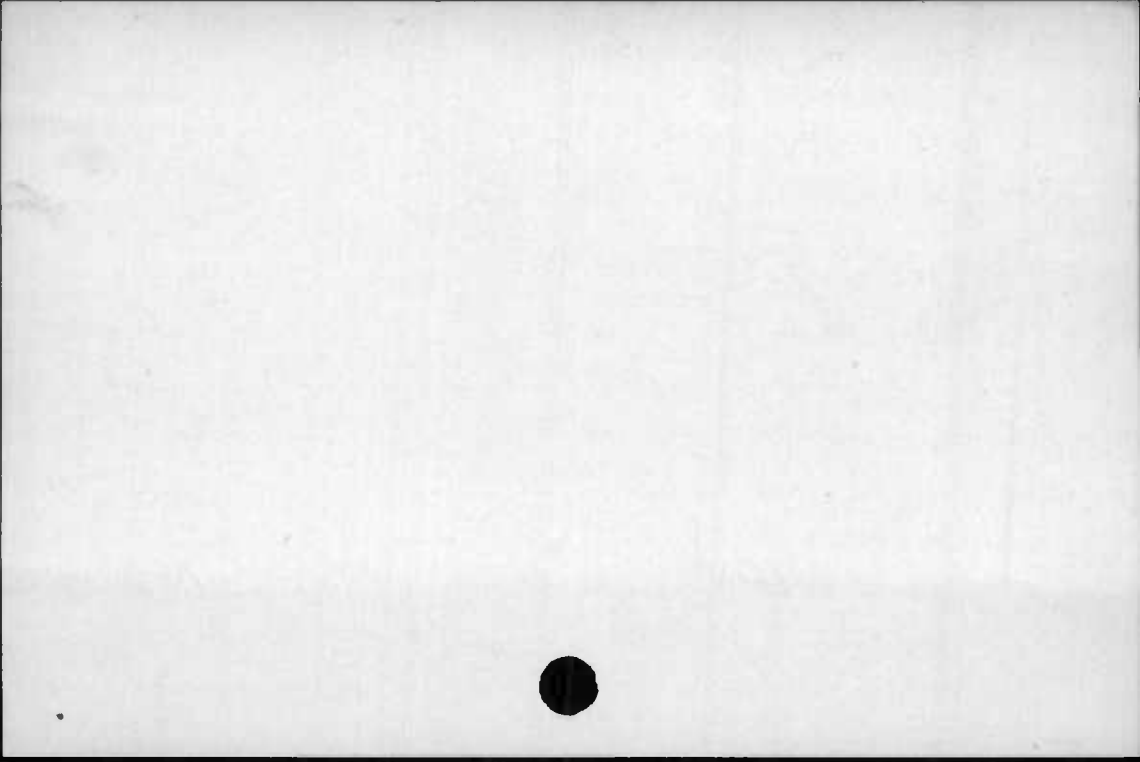
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wardens Hoops</i>		County <i>Fred</i>		State <i>MARYLAND</i>	
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>Aug</i>	<i>16</i>	<i>65</i>		
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dilatation of Heart.</i>	How long	<i>1 year.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>H. S. Lyson.</i>	
		Address <i>Fredrick</i>	
Accident or Suicide?			



Name in Full		Helen Frances Stone				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND		
		Date of death <u>1906</u>		Month <u>8</u>	Day <u>11</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>7</u>
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>City</u>		
		Occupation <u>—</u>			Where Residing if not at place of death <u>Same</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>				
PHYSICIAN OR CORONER		Father's Name <u>John L. Stone</u>				Father's Birthplace <u>Frederick Md.</u>		
		Mother's Maiden Name <u>Dora F. Wolfe</u>				Mother's Birthplace <u>City</u>		
		Name of person giving information <u>John L. Stone</u>				How related to deceased <u>Father</u>		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>?</u>		How long <u>—</u>				
		Immediate <u>Convulsion</u>		How long <u>4 Hours</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Frank Hedges</u>				
		Accident or Suicide? <u>—</u>		Address <u>Frederick</u>				



Name
in
Full

CERTIFICATE OF DEATH

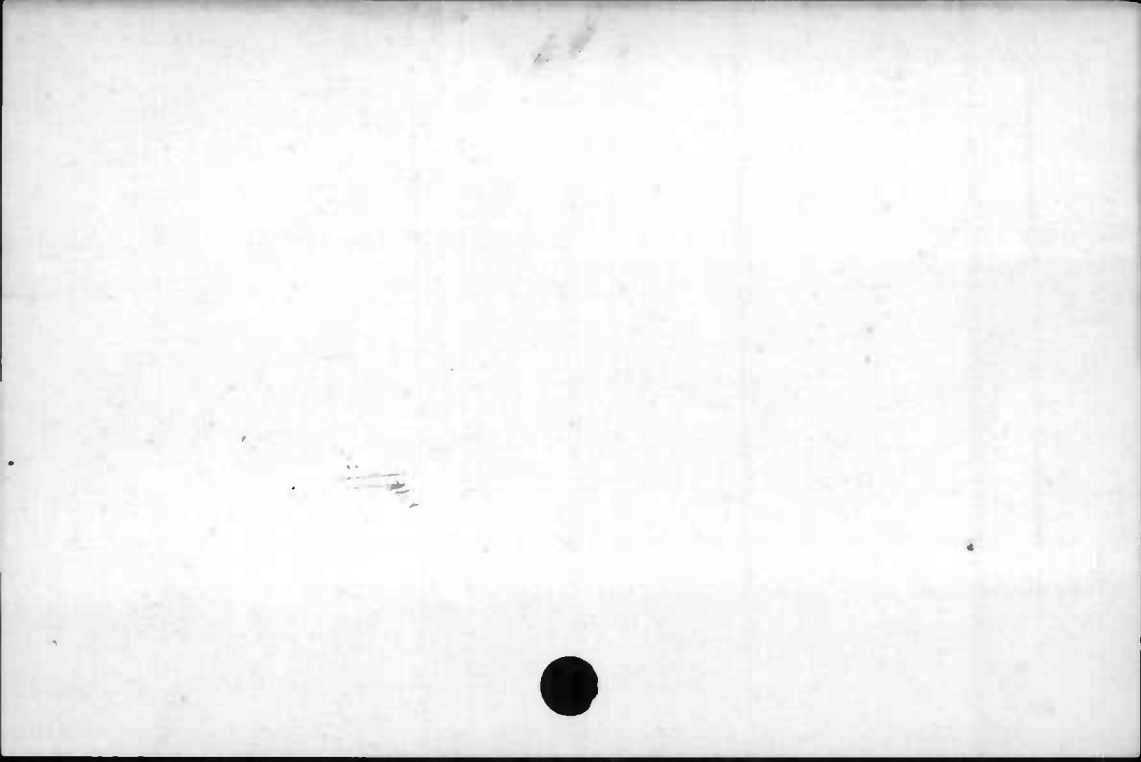
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Amey Rebecca Sluip</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>near Waltersville</i>		Month <i>Aug</i>		Day <i>21</i>		Age <i>14</i>	
Date of death <i>1906</i>		Month <i>Aug</i>		Day <i>21</i>		Age <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>County</i>		Months <i>4</i>	
Occupation		Where Residing if not at place of death <i>near Waltersville</i>		Days <i>12</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Co Md</i>		Mother's Birthplace <i>Co Md</i>	
Father's Name <i>Abraham Sluip</i>		Mother's Maiden Name <i>B. Lamer</i>		How related to deceased			
Name of person giving information							

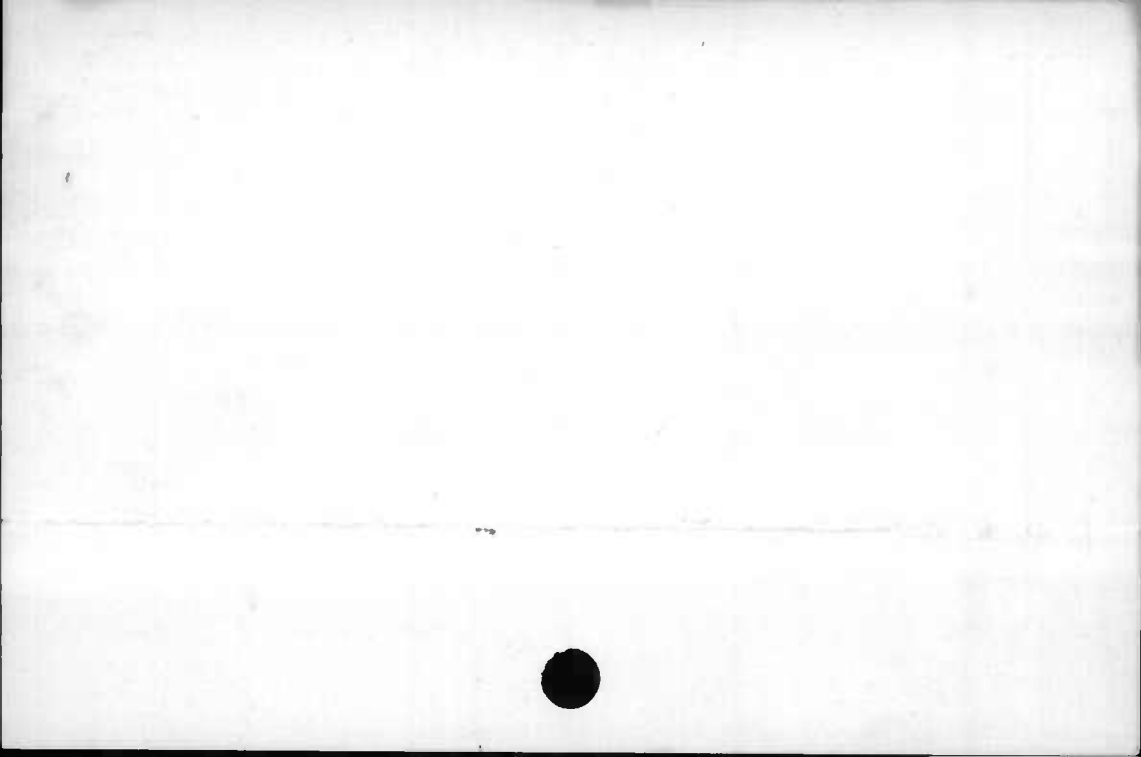
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>4 yrs</i>
Immediate <i>Shock</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Miller</i>
	Address <i>Brownie Md</i>
Accident or Suicide?	



Name In Full		Still Prick County				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Chartersville</i> ^{Town}				MARYLAND			
	Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chartersville</i>			
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband					
	Father's Name <i>Dr. Still</i>				Father's Birthplace <i>Chartersville</i>			
	Mother's Maiden Name <i>— Mary</i>				Mother's Birthplace <i>IL</i>			
Name of person giving information					How related to deceased			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	Immediate <i>Still Prime</i>				How long			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>E. S. May Jr.</i>				
				Address <i>Lebanon, Mo.</i>				
	Accident or Suicide?							



Name
in
Full

Green bay Thorn

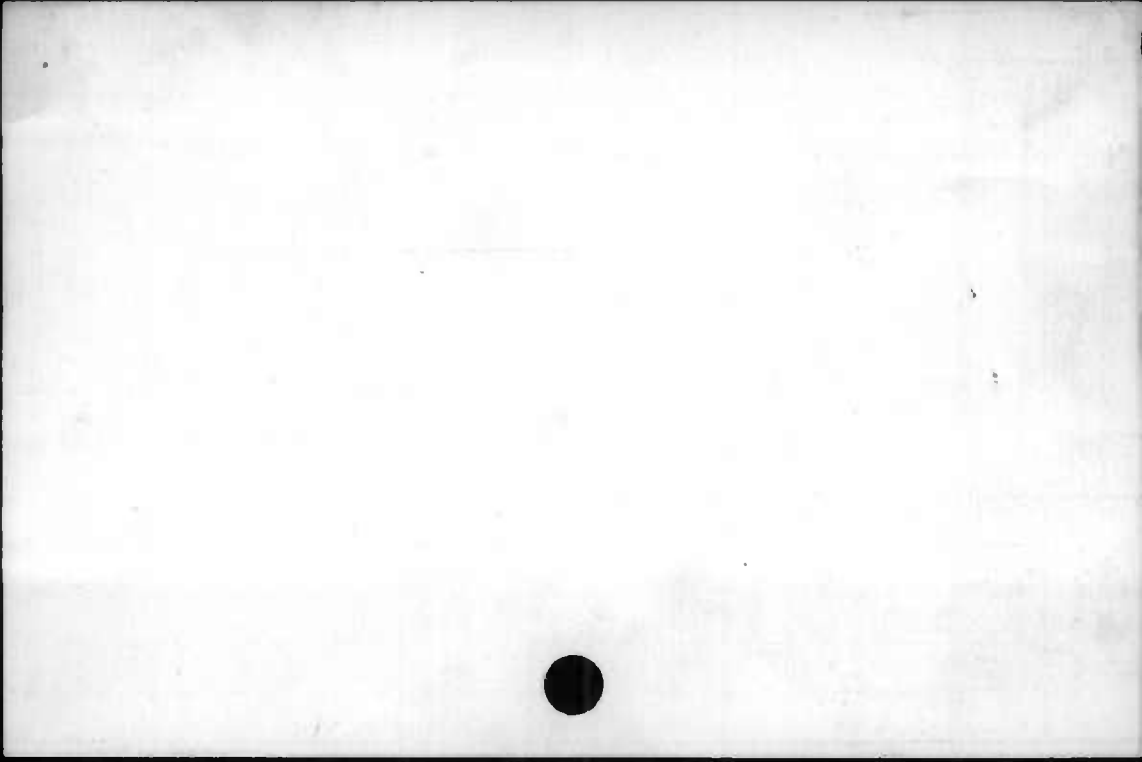
CERTIFICATE OF DEATH

Died at ^{Town} Knoxville		^{County} Frederick		MARYLAND	
Date of death	1906	Month	May	Day	19
Sex	male	Age	66	Years	
Color or Race	Black	Months		Days	
Occupation	laborer	Birth-place	md		
Where Residing if not at place of death					
Married, Single or Widowed	married	Name of Wife or Husband	Lucy J. Thorn		
Father's Name	Sam. H. Thorn	Father's Birthplace	md		
Mother's Maiden Name	Mattie La (?)	Mother's Birthplace			
Name of person giving Information	Lucy J. Thorn	How related to deceased	wfe		

CAUSES OF DEATH

Primary	Heart Disease	How long	Several years
Immediate	Organic Heart	How long	found dead
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician' Lem West	
		Address Brunswick	
		Frederick Co	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredk</u> ^{Town}		<u>Tilghman</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month	<u>8</u>	Day	<u>1</u>
Age		Years	<u>—</u>	Months	<u>—</u>
Sex		Color or Race	<u>Blk</u>	Birthplace	<u>Fredk. Md</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Trismus Neonatorum</u>	How long	<u>two days</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Wm Crawford Johnson</u>	
Address		<u>Fredrick, Md</u>	
Accident or Suicide?		<u>—</u>	



Name
in
Full

Harriet Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND		
Date of death		1906	Month Aug	Day 7	Age 7	Years 7	Months	Days
Sex Female		Color or Race Black		Birth-place Md				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		James Parrott				Father's Birthplace		Va
Mother's Maiden Name		Blanche Davis				Mother's Birthplace		Md
Name of person giving information		Blanche Waters				How related to deceased		Mother

CAUSES OF DEATH

Primary	Acute Articular Rheumatism	How long	Indefinite
Immediate	Pericarditis	How long	2 or 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. W. P. Bourne	
Address		Frederick, Md	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Kora Maria Wetzele

CERTIFICATE OF DEATH

MARYLAND

Died at

Emmitsburg Frederick County

Date

of death

1906

Month

Aug

Day

23

Age

Years

2

Months

2

Days

Sex

Male

Color or
Race

White

Birth-
place

Emmitsburg

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Henry Wetzele

Father's
Birthplace

Emmitsburg

Mother's
Maiden Name

Mary E. Floor

Mother's
Birthplace

Emmitsburg

Name of person giving
Information

Mother of child

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pertussis

How long

Four weeks

Immediate

Broncho-pneumonia

How long

Three days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. J. Jonison M.D.

Address

Emmitsburg,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

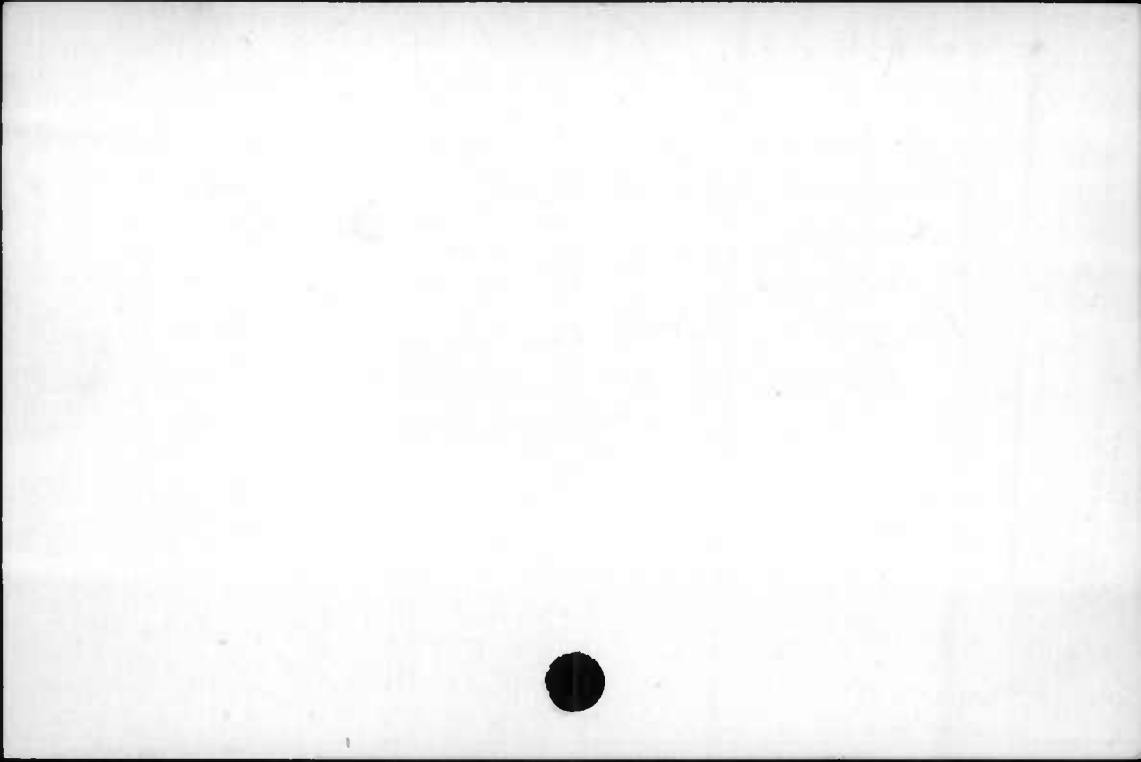
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Grace Baugher Wood		Town Frederick		County Frederick		MARYLAND	
Died at		Month Aug		Day 2		Years 33	
Date of death 1906		Months 0		Days 3			
Sex Female		Color or Race White		Birth-place Frederick, Md.			
Occupation H.V.		Where Residing if not at place of death Brunswick, Md.					
Married, Single or Widowed Married		Name of Wife or Husband Henry W. Wood					
Father's Name Jonathan A. Staley		Father's Birthplace Fredk. Co., Md.					
Mother's Maiden Name Jane E. Shook		Mother's Birthplace Fredk. Co., Md.					
Name of person giving information Jane Abbott		How related to deceased sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever	How long over two weeks
Immediate Heart failure	How long Several hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. O. Hendrix, Md.
	Address Frederick, Md.
Accident or Suicide?	



Name
in
Full

Catherine John Gurgling

CERTIFICATE OF DEATH

MARYLAND

Died at *Frederick* Town*Inde* CountyDate of death *1906* Month *Aug*Day *5*

Age

Years

Months *3*

Days

Sex *Female*

Color or Race

white

Birth-place

Inde

Occupation

Infant

Where Residing if not at place of death

☒

Married, Single or Widowed

Single

Name of Wife or Husband

☒

Father's Name

Vincent Gurgling

Father's Birthplace

Inde

Mother's Maiden Name

Nannie Gurgling

Mother's Birthplace

Inde

Name of person giving information

Nannie Gurgling

How related to deceased

Mother

CAUSES OF DEATH

Primary

Gastritis

How long

Two months

Immediate

Epilepsy

How long

One hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

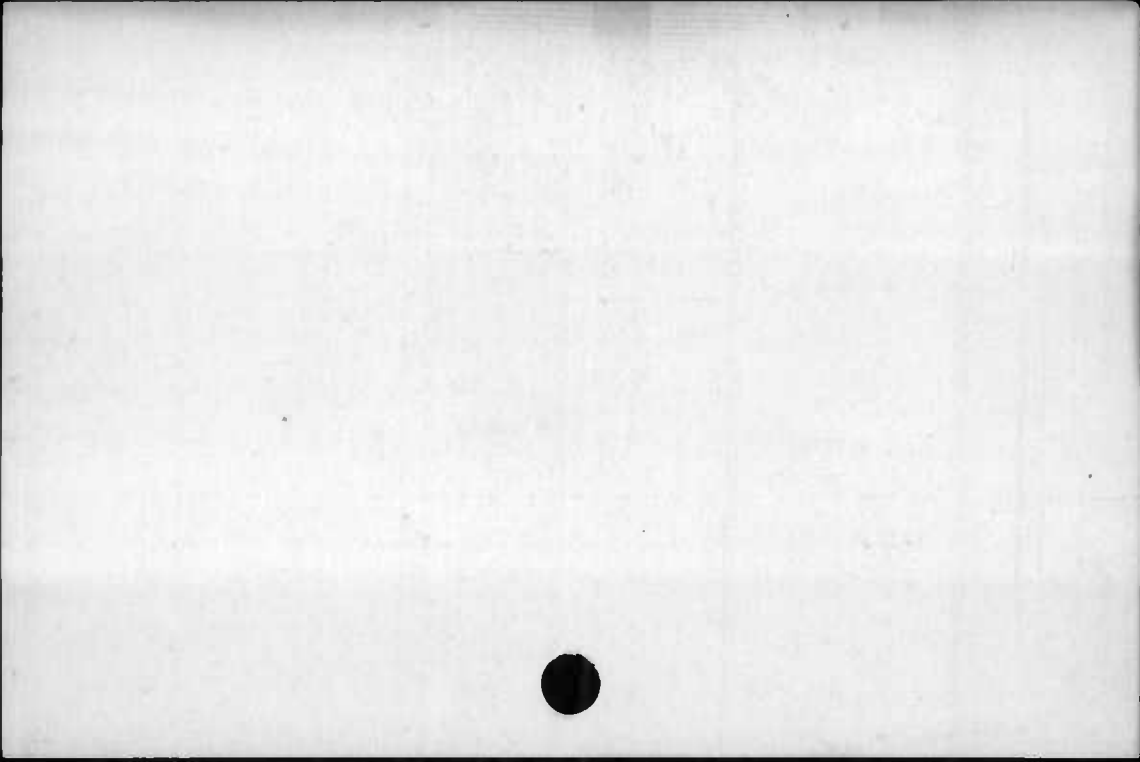
D. B. Johnson

Address

*Inde**Inde*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

David V. Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Brudenich</i>		<i>Madrick</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	Aug.	Day	2 nd
Age		Years	71	Months	2
Days		23			
Sex	Male		Color or Race	White	
Birthplace	Md.				
Occupation	Toll-gate Keeper		Where Residing if not at place of death		
Married, Single or Widowed	Widower		Name of Wife or Husband		
Father's Name	Nicholas Zimmerman		Father's Birthplace		
Mother's Maiden Name	Elizabeth Albaugh		Mother's Birthplace		
Name of person giving information	Alice Zimmerman		How related to deceased		
Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease		How long	Several months
Immediate	Apoplexy & Apoplexy		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		S. S. Haffner		
Address		Brudenich, Md.		
Accident or Suicide?				

